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## WE Program Training Manual For Culturally Responsive School-Based Mental Health Practices

Staysha M. Veal

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LOMA LINDA UNIVERSITY  
School of Behavioral Health  
in conjunction with the  
Department of Counseling and Family Sciences

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WE Program Training Manual For Culturally Responsive School-Based Mental Health  
Practices

by

Staysha M. Veal

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A Project submitted in partial satisfaction of  
the requirements for the degree  
Doctor of Marital and Family Therapy

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June 2022

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Each person whose signature appears below certifies that this doctoral project in his/her opinion is adequate, in scope and quality, as a doctoral project for the degree Doctor of Marital and Family Therapy.

\_\_\_\_\_, Chairperson  
Heather Beeson, Assistant Professor, Loma Linda University

\_\_\_\_\_  
Nichola Seaton Ribadu, Assistant Professor, Loma Linda University

\_\_\_\_\_  
Camille Salters, Doctor of Management

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## ABBREVIATIONS

BIPOC:	Black and Indigenous people of color
CBT:	Cognitive behavioral therapy
CR-CBT:	Culturally responsive cognitive behavioral therapy
CR-SBT:	Culturally responsive strength-based therapy
MTSS:	Multi-tiered systems of support
RTI:	Response to intervention
SBMH:	School-based mental health
PBIS	Positive Behavior Interventions and Supports

## ABSTRACT OF THE DOCTORAL PROJECT

WE Program Training Manual For Culturally Responsive School-Based Mental Health Practices

by

Staysha M. Veal

Doctor of Marital and Family Therapy,  
Department of Counseling and Family Science  
Loma Linda University, June 2022  
Dr. Heather Beeson, Chairperson

An abundance of evidence suggests that K–12 Black Indigenous People of Color (BIPOC) students experience disparities in school-based mental health services and negative school-based outcomes due to racism, discrimination, and biases. Such experiences have deleterious impact on their mental health, academic functioning, and other pre- and post-matriculation outcomes. These dynamics can lead to poor academic functioning and adverse mental health outcomes which can include depression, anxiety, toxic stress, decreased self-worth and self-esteem, and psychological maladjustment. School-Based Mental Health (SBMH) providers that are trained to be culturally responsive are uniquely situated to mitigate these negative events and ensure that BIPOC students have more positive outcomes and gain greater access to mental health services. They can do this by advocating for their needs, conducting culturally appropriate treatment, and providing recommendations to other school stakeholders about being culturally responsive. School-based mental health providers must receive proper training to be culturally responsive and facilitate appropriate and affirming support for this population. Based on a culturally responsive framework and theoretical foundations from Bronfenbrenner’s Socioecological Theory and Social Justice Theory, this manual

recommends training SBMH providers to use a robust school-based culturally responsive mental health training program called the WE program that encompasses three main areas. Area one, “Pre-Work,” area two a “16-session culturally therapeutic model” based on CBT and Strength-based approaches, and area three “culturally responsive systemic school recommendations.” All three areas are designed to promote improvement to BIPOC students’ mental health and decrease their K–12 pre- and post-matriculation negative outcomes.

**CHAPTER ONE**  
**PROJECT PURPOSE**

**Executive Summary**

School-based mental health (SBMH) providers and key stakeholders such as staff, faculty, and administrators play a prominent role in Black and Indigenous People of Color (BIPOC) students' future skill building, academic success, social and emotional functioning, and general views of the world around them. These school-based learned elements and interactions carry BIPOC students through to adulthood and provide a framework that supports healthy navigation through life and a foundation that can lead to resilience and feelings of wholeness, wellness, and optimal mental health. Considering the importance of a positive school support systems to strengthen these elements, disparities of culturally responsive school-based supports can hinder the growth of these areas and cause adverse events to occur in the school setting. Therefore, having trained and knowledgeable individuals in these support roles, such as mental health providers, can facilitate more positive culturally responsive support experiences for BIPOC students through their influence, power, privilege, and expertise.

However, for BIPOC students their school-based narratives have been riddled with adverse events. Such incidents have had long-lasting impacts and have encompassed intersectionality's between implicit biases, racism, punitive disciplinary practices, and disparities in levels of support as a result of the culture of racism in schools. These impacts include increased chronic physiological and cognitive struggles that affect BIPOC students' mental health, feelings of well-being, school engagement and

inclusivity, stress levels, academic functioning, and therapeutic satisfaction. Any of these influences can lead to distorted views of self that can change the development of such students.

To increase levels of student support, researchers and professionals in academia have identified various school-wide initiatives, such as Multi-Tiered System of Support (MTSS) programs and Response to Intervention (RTI) programs. However, there have been limited discussions about the efficacy of these programs as well as how to train providers that are implementing them to be more culturally responsive and equitable, to mitigate struggles for BIPOC student populations and prevent the negative outcomes they often experience. Mental Health providers are uniquely situated, due to their expertise and roles in organizations, to prompt healthy systemic change for populations in need. School-based mental health providers can use their culturally-responsive knowledge to treat individuals therapeutically, support social and emotional concerns, advocate for students in need, and make recommendations to stakeholders for more culturally-appropriate interventions. Therefore, the goal of this manual is to highlight the disparities that are present for BIPOC students, the elements that are perpetuating this problem, and the need for training to provide a systemic solution.

This intentionally designed manual for school-based mental health providers utilizes Social justice theory and Bronfenbrenner's socio-ecological theory as a framework. Moreover, it employs a strength-based and culturally responsive cognitive behavioral therapy approach for its interventions thus giving those that are being trained sufficient context, recommendations, and strategies for the reduction of negative experiences for BIPOC students.



This training program can accomplish this through scaffolding and developing providers skills utilizing three learning areas which this manual separates into units. These units encompass mental health provider “Pre-Work” (Unit 1), a 16-session culturally responsive therapeutic model (Unit 2), and a guide showing mental health providers how to support school-wide systemic change through stakeholder recommendations (Unit 3). More specifically, the goal of the “Pre-Work” is to ensure that each provider has the foundational knowledge and awareness for becoming a culturally responsive school-based provider. “Pre-Work” requires providers to participate in various self-assessments and discussions about their values and biases, learn culturally-responsive language and definitions, and assess their “Community Extant Data.” The manual then expands its lens and builds upon this culturally responsive consciousness enabling providers to implement their knowledge directly with BIPOC students utilizing a session model. This 16-session “Culturally Relevant Student Client Work” therapeutic model aims to provide a detailed descriptions for each session. The last expansion of this manual encourages the provider to globalize their new skills. The goal of this final unit, or “Culturally Responsive Systemic School Recommendations”, is to support the school-based mental health providers in promoting systemic change throughout their school setting through recommendations of culturally responsive pedagogy, interventions, and interactions.

### **Overview and Background**

Disparities in culturally responsive school-based mental health services and appropriate formal interventions for Black Indigenous People of Color (BIPOC) student populations have been and continue to be a grave issue. As mental health struggles

continue to soar in youth and the need for mental health support in schools increases, all student populations have shown to benefit (both pre-and post-matriculation) from the added support that school-based mental health services bring. Collectively, students are experiencing many global issues such as COVID-19, racial unrest, high-stress levels, academic pressure, and social media. In recognition of the current state of our youth in American society, there has been an increase in mental health support for students in the school setting.

However, research highlights a disparity in support for BIPOC students and or black and brown youth—specifically revealing an inequitable distribution of these services to this student populations for one reason or another (Cusick et al., 2021). Statistically, 48 percent of white students benefit from school-based mental health support while in the school setting. Which is proven to provide a healthier foundation for adulthood, but only 21 percent of BIPOC students are being served in the same capacity and benefiting from those services (Dong, 2018). Why is this occurring, and what needs to change to ensure that this population of students has the same levels of equitable support?

### ***Mental Health Support in Schools***

Generally, schools have been a great equalizer for many diverse populations here in the United States, offering a promise of an excellent education, which entails an equal distribution of resources and wholistic levels of support. With the uptick in youth social and emotional struggles, schools' roles, and responsibilities in supporting those struggles have drastically changed. Research suggests that schools are now encouraged to look at

students' wholistic functioning, including their mental health, and provide resources and support accordingly. Many schools function as the de facto mental health system for youth. On average, 16 percent of youth receive mental health services, and of those receiving those services, roughly 70 to 80 percent receive them in their school setting (Center for Health and Health in Schools, 2012).

Moreover, 83 percent of schools with on-campus mental health support report that they provide case management for students with social-emotional or behavioral problems. Nearly half of all school's contract with community-based organizations to provide mental health services to students. About 60 percent of the U.S.'s 1500 school-based mental health programs have mental health professionals on-site and ready to work with students. With support from licensed mental health providers, nearly 80 percent of school-based mental health programs can provide crisis intervention services to students (Center for Health and Health in Schools, 2012).

However, this level of support is not equally distributed to all students. Historically, the U.S. has an infamous past of both implicitly and explicitly minimalizing the needs of minority populations through biases. At the foundation of this is events like slavery and belief systems stepped in racism and discrimination against individuals that do not fit into the category of homogeneous white America. This history has contributed to limitations in support for minority groups (Darling-Hammond, 2016). In the education community, this paradigm began with laws and policies that separated students based on race and class and framed this action as "separate, but equal." However, soon came the realization that this level of separation in school settings has led to anything but equality. Overall, the education system has not adequately addressed the lasting effects of these

policies and schools of thought, leaving visible traces of isms, inequities, biases, and disparities toward BIPOC students (Linder, n.d.).

A closer examination of these disparities reveals intersectionality between the culture of racism in America and its influence on education. More specifically, the correlation has been between the uneven distribution of student support, targeted students receiving punitive punishment, those that have fallen through the cracks, and our BIPOC students. Such disparities have led to BIPOC student populations experiencing pre- and post-matriculation negative outcomes including, but not limited to, (a) biased and culturally inappropriate interactions, (b) poor mental health functioning, (c) low feelings of well-being, (d) a lack of school engagement and feelings of inclusivity, (e) increased stress levels, (f) low academic success, (g) increased exposure to inappropriate interventions (e.g., punitive disciplinary practices), (h) compounded mental health stigma, and or (j) low therapeutic satisfaction (Howard, 2020).

These poignant and unfortunate outcomes create a developmental foundation with an unhealthy baseline and set the stage for a skewed perception of the world around them. These outcomes also compound negative interactions and narratives that black and brown BIPOC populations already face throughout their lives due to our society's prejudices, thus leading to adverse events from the cradle to the grave. Furthermore, adolescents already have a hard time navigating their developmental stages, so when detrimental outcomes occur at these pertinent points in life, they can change the trajectory of their lives in and outside of school leading to additional harmful life circumstances and choices.

### ***Proposed Intervention***

For a culturally responsive training program to leverage system-wide change, it must consider the roles and responsibilities of SBMH providers, administrators, and teachers. Without commitment to improvement from all school-based stakeholders, BIPOC students will never experience the equity, inclusion, and support they deserve. Furthermore, if BIPOC students do not receive this culturally responsive support during their crucial developmental and academic stages, they will continue to experience harmful outcomes post-matriculation. This training program will be for all students. However, it will focus heavily on all BIPOC youth in the school-based setting and include programmatic evaluation to determine if and how going through an SBMH program with an added culturally responsive lens reduces harmful outcomes that impact BIPOC youth populations.

### ***Significance of this Proposed Intervention***

This training program may improve BIPOC students' skill-building, academic success, social and emotional functioning, introspective view of self and others, and general schema. It may reduce negative outcomes due to implicit biases, punitive disciplinary practices, and disparities in culturally responsive levels of support. It may bolster SBMH providers in gaining the necessary culturally responsive therapeutic knowledge to support BIPOC students better—providing a more positive foundation pre-matriculation and leading to more positive adulthood and future experiences like those of their White counterparts.

## Definitions of Terms

*Academic functioning:* A student's ability to operate successfully in academic areas that are meant to be used in the rest of their lives (American Psychological Association, 2020).

*Black and Indigenous people of color (BIPOC):* People of specific descents or those who identify as non-White (Raypole, 2021).

*Health equity:* Conditions that assist or impede individuals in attaining their full health potential (Schillinger, 2020).

*Health disparities:* Differences in health due to economic disadvantages and a lack of health equity, which refers to conditions that impede individuals from obtaining their full health potential (Schillinger, 2020).

*Mental health functioning:* one's ability to work and operate in a state of well-being in which one can realize one's own abilities, cope with typical and normal stressors, work productively and fruitfully, and make contributions to one's own community (Galderisi et al., 2015).

*Minority students:* Youth who do not belong to a majority racial or ethnic group and who may be subjected or exposed to discrimination, which can impact their academic achievement (Gleason, 1991).

*Proracist ideology:* A generalized belief that espouses and supports the superiority of Whites over other races (McGoldrick & Hardy, 2019).

*School engagement and inclusion:* A state of feeling that one has the right to be respected, appreciated, and valued as a member of a school community, regardless of ability, disability, health care needs, race, ethnicity, religion, etc. (Engagement. National

Center on Safe Supportive Learning Environments, 2021), especially in the school setting.

*Social determinants of health:* An overlapping of complex social structures and economic systems that can be accountable for many health disparities. Such structures can include, but are not limited to, social environments, physical environments, health services, societal factors, and school systems (Schillinger, 2020).

*Stress:* Environmental demands that tax or exceed the adaptive capacity of an organism, resulting in biological and psychological changes that may be detrimental and place the organism at risk for disease (Bulatao, 1970).

*Students of color:* Students who self-identify as African American and/or Black, Mexican American and/or Brown, Latinx, Asian, Native American, and/or a mix of these racial identities (Students of color, 2020).

*Well-being:* The experience of being happy and healthy while having feelings of prosperity (Centers for Disease Control and Prevention, 2018)

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **Mental Health Problems in Schools and the Effects of the Culture of Racism**

##### *Introduction- Problem of Focus*

The problem of focus for this manual surrounds the disparities of culturally appropriate school-based mental health services and formal interventions for BIPOC Students due to the intersectionality between the “culture of racism” and the culture of education in relations to pre- and post-matriculation negative outcomes. Many of the struggles that our BIPOC youth encounter in life and in the school setting surround the lingering effects of Americas history and implicit biases and perspectives that are a part of the circumjacent parts of racism. However, this problem area cannot begin to be addressed without the exploration of the foundational elements that are at play around youth mental health, the school-based setting, and the BIPOC student community.

##### **BIPOC Youth Mental Health**

The literature strongly highlights the evident need for prevention, early intervention, and postvention youth mental health support services in the school setting, particularly for youth who are in the BIPOC community. One in five youth—in the general population—has experienced a severe mental health episode (Office of Adolescent Health, 2017). One out of ten youth (or 10%) struggle with a chronic social-emotional and mental health illness to the extent that it causes marked impairment in one



or more areas of life—especially in the school setting (Sturm et al., 2001). Research has indicated that over 50% of adults with mental health disorders began experiencing symptoms in their school years. Such research also reveals that more positive outcomes occur with the application of early interventions to sufferers at the onset of their symptomology manifestations (Youth.gov, n.d.).

With the uptrend of diagnoses such as depression, anxiety, and behavioral disorders in the general school-age youth populations, which have grown by 17% over the last 20 years, research has shown that these rates of disorders have increased in both prevalence and severity (Youth.gov, n.d.). Over 13% of American youth have struggled with suicide ideation, over 10% have created a suicide plan, more than 6% have attempted to follow through, and roughly 2% percent have carried out a suicide attempt that resulted in serious injury, poisoning, or death (Youth.gov, n.d.). In addition, other disorders such as substance use and dependence have grown. Many specializing in youth disorders have speculated that this uptick in substance disorders has been due to the increased need for self-medication and/or attempts to regulate possible underlying mental health disorders (Hertz et al., 2018.)

For BIPOC student populations, depression, anxiety, and the “label” of behavioral disorders have increased by over 20% (Black history month and African American Mental Health Statistics, 2019). Similarly, substance use has increased to over 10% since 2008 (National Archives and Records Administration, n.d.). In addition, suicidality rates for this population have also increase by 9 percent surpassing the rates of their white counterparts (Black and African American communities and Mental Health, Mental Health America, 2021). Such mental health struggles in BIPOC youth communities have

manifested themselves in the school setting. These struggles highlight the need and necessitate the urgency for immediate support, such as school-based mental health services. Support services have been deemed critical for the health of our BIPOC youth. They should be easily accessible to all students to ensure that they receive immediate attention, and that long-term impairment and detrimental outcomes are prevented (Locke et al., 2017). However, if any youth age community is unable to access this crucial level of support, one can imagine the pending detriment that can occur. For BIPOC Youth equitable access to mental health services have been met with many barriers.

### **BIPOC Student Social and Emotional Functioning**

As a result of the current mental health programs offered in schools nationally, 31% of White youth started to receive more mental health services, which created better outcomes for this population during their school years and post-matriculation. Moreover, this level of early intervention and support for the White student community led to more resiliency and better navigation of life stressors which added to their existing privilege and an increased level of better outcomes over their life span. However, concurrently only 13% of BIPOC students, such as those who identify as Black and Brown youth, were receiving mental health support and/or had the same level of access, even though they were showing the same or greater need socially and emotionally (Youth.gov, n.d.).

Furthermore, we see greater mental health needs for BIPOC youth across the United States. Nationally 16% (4.8 million) of BIPOC youth reported having a serious social-emotional and mental illness that had not been reported to a professional and/or been addressed by the general mental health services within their school and/or

community, compared to 31% of youth in the White community. Regarding school-age mental health services, 31% of white children and youth receive mental health services compared to only 13% of BIPOC children. (Mental Health America, 2021; Prevalence of mental health disorders among youth, n.d.). Even though the struggles of BIPOC students in the school setting are causing a significant impact on this population, only 2% get the help they need (Mental Health America, 2021). Many BIPOC youth worry that the mental health practitioners they encounter and/or support services they receive may not be culturally knowledgeable and responsive enough to treat their specific struggles, further deterring them from seeking the help they need (Black and African American communities and Mental Health, 2021). Also, mental health stigma remains an issue within the community stemming from historical precedence due to generational narratives about the numerous unscrupulous bioethical occurrences forced upon this community without consent framed as “support” (Morin, 2020; Newkirk, 2021).

In addition to having more social and emotional needs, the BIPOC student population showed higher levels of adverse outcomes—related to school-based functioning and success—than other youth (in particular, White students) in their age group. Specifically, these outcomes included poor grades (which BIPOC students have, on average, received lower academic scores than white students) (The Educational Opportunity Project at Stanford University, 2019). Also, they experienced more truancy and attendance struggles by 42% and an increase in punitive disciplinary incidents by over 13% (U.S. Department of Education, 2018; Darensbourg et al., 2010). Juvenile recidivism among BIPOC students is five times higher than their white peers (Rovner, 2021), and they have a higher prevalence of stress levels, etc. (Hicken et al., 2014; Locke

et al., 2017; Rose et al., 2017). Research shows that these issues span far beyond their school-age years and follow this population into adulthood, thus adding to the historical foundation of inequalities, inequities, disparities, social detriments, social determinants of health, deficits, and negative social and emotional functioning (Schillinger, 2020).

### **BIPOC Risk Factors**

As this mental health phenomenon becomes increasingly prevalent in BIPOC youth, researchers have studied the risk factors behind the recent pervasiveness. From this research, a relationship between youth mental health and various ecological and biopsychosocial factors were found. These factors include general aversive experiences and/or negative interactions with different societal subsystems. According to the National Collaboration Centers for Public Health (2021), there is a significant correlation between youth sociocultural factors and an increased risk of developing social and emotional disorders. For example, youth from low-income families (20%), youth involved in the juvenile justice system (67%), youth with disabilities, BIPOC youth, youth from different gender identities, and/or youth from diverse sociocultural identifications and backgrounds have shown to be at an increased risk of developing a severe mental health struggle without additional support and resources (Youth.gov, n.d.). Many of these groups are more susceptible to poor mental health outcomes based on their socioeconomic disadvantages and minority status (American Psychological Association, n.d.).

### *The Culture of Racism in America and BIPOC Mental Health*

It has been theorized that at the foundation of these disparities is the culture of racism in America (Mickelson, 2003). Many individuals in American society believe that the culture of racism is dead and no longer impacts BIPOC communities. However, BIPOC communities continue to experience disparities and other ism-based issues (according to qualitative and quantitative data) (Phia, 2018). These elements are present in these communities from birth to death and are represented in every aspect of life, especially in the school setting. Many experts argue that school is an appropriate place to start challenging the dominant narrative of systemic bias and racism (Darensbourg et al, 2010).

In addition, research has shown that children who belong to minority groups are likely to have more early childhood stress, trauma, and overall negative experiences due to the sociocultural factors and interactions resulting from being a part of a minority group (Hickens et al., 2014). The risk for mental health struggles, especially traumatic stress-related struggles, is significantly increased for BIPOC youth due to the increased prevalence of this population experiencing or witnessing the injury or death of someone else or a serious personal threat. Research has shown that, for this population, seeing and experiencing traumatic events is prevalent and is increased by discrimination and racism (Prevalence of mental health disorders among youth, n.d.).

## **Historical Context-Metamorphosis of the Culture of Slavery into the Culture of Racism**

*Before the Civil War:* The American school systems mirror the systemic organizations and narratives that built the U.S. economy (Urban Institute, 2020), namely racism, human trafficking, and slavery (Valant, 2020). Between 1525 and 1866, millions of individuals were captured from Africa and sent through the Transatlantic slave trade to the Americas. In this journey of forced migration that lasted a little over two months, over two million Africans lost their lives due to murder, illness, and inhumane living conditions. Once slavery arrived in the Americas, it became widespread across the United States through interregional trade (Solly, n.d.). Slaves soon replaced most, if not all, of the 17th century's indentured servants, who were poorer Europeans (History.com, 2009). Over the next 300 years, slavery encompassed psychological and physical abuse that entailed beatings, maiming's, murder, the separation of Black families, the degradation of the Black identity and humanistic feelings of self-worth, and much more.

Slavery took on many different forms, psychologically and physically. But, in each, the underlying concept consistently relayed that slaves were not human but were property and were viewed as nonhuman and property because they were Black. This nonhuman status remained accepted and enforced through years of cruelty and violence. Historically, psychological interactions strongly reinforced slavery. Enslaved Africans were never able to forget their status as nonhuman and property. Even though there was a spectrum of relationships between slave masters and slaves that ranged from compassionate to outright cruel, it was always under the narrow confines of the fundamental components of slavery; and it never breached the mindset of equality

(Antebellum slavery, n.d.).

*After the Civil War:* By 1866, after the Civil War ended, Abraham Lincoln made his famous Emancipation Proclamation, which only freed the slaves in states that seceded from the Union, thus leaving the bordering states in the south still able to own slaves (Lincoln, 1863). From 1877 to 1954, Jim Crow laws picked up where slavery left off. These laws separated Blacks and Whites, stating that these two groups were to remain separate but equal. The Jim Crow laws impacted every level of society for Black-identified populations. Its impacts ranged from everyday individual activities (such as walking in the community) to community environments (such as neighborhood living) to interactions with larger societal systems (such as healthcare, organizations, and societal policies) (Urofsky, 2020).

During the Jim Crow era, the laws that separated Blacks and Whites also created inequalities on every level of society. These laws continually perpetuated that narrative that Blacks were not equal to Whites and did not deserve the same quality of elements that society had to offer its citizens, including the school and education system (Urofsky, 2020). From the beginning of the Jim Crow Laws in 1877 to their end during the Civil Rights movement in 1964, there remained a continual relationship between the physical *culture of slavery* and the long-lasting psychological culture of slavery—ultimately transforming into the *culture of racism*. Racism in America still perpetuates, both implicitly and at times explicitly, the same narrative, messages, and underlying concepts from slavery—namely that BIPOC are not equal to those who identify as White and therefore should not have equal quality of life. Therefore, this implicit race bias, systemic racism, institutional racism, internalized racism, personally mediated racism, and

microaggression has become woven into the fabric of the American education system (Malone et al., 2021).

### **The Culture of Racism and Pro-Racist Ideologies**

Following from this historical lineage of slavery, many in the psychology and sociology fields have indicated a paradigm shift in American society. This paradigm shift spans from the culture of slavery to the culture of racism (including implicit and explicit racially motivated interactions) to a documented notion of proracist ideology (including slavery-based narratives) (McGoldrick & Hardy, 2019). Even though there has been an increase in societal discussions around diversity, equity, equality, inclusion, and multiculturalism due to contemporary events in the Black community, the culture of racism and racist ideology is still active and even pungent in the nostrils of BIPOC communities. Moreover, even with the increased discussion, there are daily occurrences in which proracist ideology manifests itself, indicating a continued need for movement, further discussion, and action, especially in the school setting (McGoldrick & Hardy, 2019).

According to McGoldrick and Hardy (2019), proracists' ideology is a generalized belief that espouses and supports the superiority of Whites. This phenomenon manifests itself in comments, actions, and the toleration of existing conditions. According to research, this ideology supports a system of opportunities and rewards that consistently privileges Whites while oppressing and subjugating BIPOCs. For common individuals, this often presents itself as a tolerance of racism by not challenging it, which unwittingly supports proracist ideology. Moreover, those involved usually believe in racial justice while acting in a way that may indicate otherwise (McGoldrick & Hardy, 2019).



However, there is a difference between an individual who is racist and one who holds proracist ideologies. The term racist is a totalizing label that does not afford an individual the occasion to be anything other than racially prejudiced. However, for those who unknowingly behave in proracist ways, having their behavior highlighted usually produces a dissonance that can eventually lead to change (McGoldrick & Hardy, 2019). McGoldrick provides a unique description in her explanation of proracist ideological subgroups. According to McGoldrick and Hardy (2019), individuals with this unconscious ideology can change through knowledge that promotes racial sensitivity and encourages challenging proracist attitudes, behaviors, and conditions that reinforce injustice. McGoldrick and Hardy also indicated that therapists and counselors play a major role in this reeducation process due to their level of expertise and their role in systems that can provide pertinent intervention and advocacy during unhealthy dynamics (McGoldrick & Hardy, 2019).

### **Culture of Racism & The School System**

The school system continues to exhibit the culture of racism and proracist ideologies through innumerable institutional racialized occurrences (McGoldrick & Hardy, 2019; Massey et al., 1975). Many school structures have reinforced this idea by holding on to narratives that have led to substantial barriers, negative outcomes, and biased interactions toward BIPOC students, leading to poor outcomes (Mayorga-Gallo, 2015). School systems have implemented discriminatory institutional practices, policies, situational viewpoints, and, ultimately, school cultures (Malone et al, 2021). A major policy that has contributed to this is the “Zero Tolerance” rule. This policy focuses on

discipline with prescribed consequences that are often severe, exclusionary, and punitive in nature. These consequences are usually implemented at the subjective mercy of staff and faculty members and are applied regardless of the infraction, extenuating circumstances, or the specificity of the situation (Darensbourg et al, 2010). From this policy suspensions have increased at a higher rate for BIPOC students, potentially contributing to racial disparities. Within some districts BIPOC students represent only 23% of the school population, but 44% of students who were suspended and 61% of students who were expelled according to this policy (Bell, 2015).

Researchers and professionals in academia have recognized this phenomenon and attempted to identify various school-wide initiatives to increase levels of equitable student support. But, there have been few discussions about providing culturally-responsive training for SBMH and academic stakeholders to support BIPOC students within existing school initiatives. However, these initiatives have remained ineffective for BIPOC student populations. They have had the highest number of K–12 discipline cases and the highest prevalence of truancy, low academic success, drop-out occurrences, low social and emotional functioning, school-based trauma and negative experiences, feelings of school-based marginalization, low school inclusion, and integration.

### **Culture of Racism & Its Lasting Effects**

Former and contemporary events in the BIPOC community show a prevailing pattern, including—but not limited to—Breonna Taylor, Ahmaud Arbery, Trayvon Martin, Oscar Grant, Eric Garner, and most recently, in the 8 minutes and 46 seconds felt around the world, the assault on George Floyd. Mr. Floyd was handcuffed and violently

pinned down on numerous delicate parts of his body by multiple police officers, resulting in his death by Traumatic Asphyxia and Cardiopulmonary arrest. Witnesses claimed to hear Mr. Floyd whelping and calling out to his mother for help while one police officer had his hands in his pockets and held his knee on his neck. This situation has typified in so many ways the struggle that BIPOC community members have faced for many generations. The nation saw the exchange between that police officer and George Floyd as analogous to that of the invisible reality of the BIPOC community, which implicitly shows how “my foot will always be on your neck!” Many—in and outside the BIPOC community—are now aware and impacted by the multi-generational trauma of this population. They are also experiencing vicarious trauma due to what they are witnessing today. This symbolizes an unpalatable reminder of the culture of racism and white supremacy that remains active in this country which has been sadly passed down its narratives to other systems such as in schools through inequities and disparities compounding the mental health needs of the community at even younger age (Parks, 1998).

Further studies show that witnessing violence against others within their community, stress, racism, discrimination, prejudices, absence of empathy and validation, lack of engagement and acceptance, poverty, adultification bias, and familial stress (during the developmental years of life) increase the chances of children struggling to regulate their emotions and behaviors. In BIPOC students, this can appear to others as acting out and having early-onset mental health struggles (Bravemen & Gottlieb, 2014). For BIPOC communities, such as Black and Brown youth, occurrences such as these are all too prevailing. Within the school setting, BIPOC students’ attempts to manage their

symptoms may result in behaviors that receive negative responses from adult figures. These negative responses can result in punitive discipline, unempathetic reactions, and missed opportunities for mental health identification, support, and intervention (Darensbourg et al., 2010). So, if BIPOC students have consistent negative interactions in the school setting, it can compound their mental health struggles and create long-lasting impacts. Such impacts include increased chronic cognitive stress, low academic functioning and school engagement, psychological trauma, increases in negative coping skills and juvenile delinquency, feelings of marginalization, and distorted views of self (internalized racism). Such inequities have led to paradigms such as the school-to-prison pipeline, recidivism, and general feelings of reduced wellness and wholeness (Locke et al., 2017). The lack of culturally responsive early mental health intervention, present interventions, and postventions that can address the effects of the culture of racism can negatively impact the futures of BIPOC students. These negative impacts manifest through the records that follow them based on the prescribed school-based punishment interventions they received in their school-age years.

### ***BIPOC Pre & Post Matriculation Negative Outcomes***

#### **BIPOC General Negative Outcomes**

The culture of racism and proracist ideology have led to historical trauma for BIPOC youth and continue to produce negative outcomes. These outcomes have been well documented in the research. Many of the outcomes in general BIPOC populations are also visible within school systems. BIPOC students are 20% more likely than others

to report psychological distress due to their daily endurance of race-related stressors (Locke et al., 2017). When BIPOC students experience consistent negative interactions in school (due to bias, lack of understanding of minority and sociocultural groups, and/or lack of knowledge surrounding culturally sensitive practices), it compounds their mental health struggles—linking to poor academic functioning and impacting future success.

### **Juvenile Justice**

According to Wald et al. (2003), the juvenile justice systems encounter many youth who have struggled in the school setting without appropriate intervention. About 68% of inmates did not complete high school, and over 70% struggled with social and emotional concerns and learning difficulties in school without support. Overall, the leading predictors of adolescents entering the juvenile justice systems include excessive suspensions, expulsions, and/or students being held back. Ultimately, there is a strong relationship between educational difficulties and future incarceration (Wald & Losen, 2003). For example, individuals who identify as BIPOC are 5.1 times more likely to be imprisoned than those who identify as White. Likewise, those who identify as Latinx, or Brown are 4.1 times more likely to be imprisoned than their White counterparts (Nellis & Mistrett, 2019). Similarly, BIPOC students make up roughly 13–15% of the student body population in schools in the United States but represent over 16–31% of school-based consequences and law enforcement referrals (Palmer, 2021).

## **School Drop Out**

According to the National Center for Education Statistics (n.d.), BIPOC students represent approximately 37% of school dropouts. Research indicates that elements such as a lack of access and resources, biased school interactions, and a reduced amount of both social and emotional and physical support contribute to the high prevalence of BIPOC students dropping out of school in comparison to their White counterparts (Cai, 2021). Proper assessment, advocacy, and intervention could have prevented many of these cases.

## **Social Determinants of Health**

According to Schillinger (2020), factors such as race, gender, ethnicity, and economic status compound stress levels and, ultimately, youth's ability to function. Such environmental stressors are social determinants of health, defined as an overlapping of complex social structures and economic systems that can be accountable for many health disparities. These structures can include but are not limited to social environments, physical environments, health services, societal factors, and even school systems. These systems have also given birth to health disparities, which are differences in health due to economic disadvantages and a lack of health equity, which refers to conditions that impede individuals from obtaining their full health potential. Research has indicated that these negative paradigms often impact vulnerable populations due to social, political, structural, and historical forces. Vulnerable populations such as BIPOC communities struggle with higher-than-average health problems that follow them beyond their school

years into adulthood. Many of these school-based outcomes can contribute to these Social Detriments of Health.

## **7 Synthesized Areas of Ubiquitous Pre-Matriculation Negative Outcomes**

Given the general negative outcomes for this population, it is pertinent that school systems recognize and acknowledge the risk status of BIPOC students and do what they can to provide prevention and early interventions. When school systems ignore the literature and do not make suitable accommodations, they perpetuate pro-racist ideologies. In addition, many SBMH providers and stakeholders report not feeling they have enough training and knowledge to support diverse students around these sensitive issues. Along with reporting the general negative outcomes for BIPOC student communities, the literature has found distinct categories of concern for this population in the school setting. Although there are many areas of concerns, there are some that are more ubiquitous which this author has synthesized into seven areas.

### ***Social and Emotional/Mental Health Functioning***

#### *(1) Social and Emotional/Mental Health Functioning*

BIPOC students report challenges in their social and emotional/mental health functioning (e.g., depression and anxiety) directly resulting from disparities, inequities, isolation, and other ecological factors they experience in their academic institutions. Mental health functioning is defined as one's ability to work and operate in a state of well-being in which one can realize one's own abilities, cope with typical and normal

stressors, work productively and fruitfully, and make contributions to one's community (Galderisi et al., 2015). However, research has indicated that mental health struggles can impact and impede mental health functioning. Even though feelings of low mood and worry are not unusual, the severity of factors, like those that BIPOC students experience, can lead to clinical struggles like major depression and generalized anxiety disorders. Consequences of discrimination for this community of youth extends beyond depression and anxiety, but also to suicide, stress biology and even physical health disorders (Clendinen & Kertes, 2022). Over 40% of BIPOC youth struggle with behavioral challenges and 25% struggle with a trauma related disorder due to race-relations. BIPOC youth are also twice as likely to be diagnosed with Schizophrenia (American Psychological Association, n.d.). Moreover, BIPOC youth have shown to having poorer mental health as a result of their educational experiences (Rose et al, 2017). When asked about mental health supports, many BIPOC youth reported that they did not feel comfortable reaching out for help and that school-based assistance was never offered to them (Alegria et al., 2010).

### ***Well-Being***

(2) *Well-Being*: The second highlighted area for BIPOC students is well-being. Well-being is the experience of being happy and healthy while having feelings of prosperity (Seaton & Yip, 2008). Feelings of well-being, especially in the school setting, have been tied to positive outcomes for students (Akinola & Gabhainn, 2014). Unfortunately, research indicates that BIPOC student populations have additional stressors (within and without the school setting) that cause them to be more susceptible to poor well-being.



Thus, it is vital to understand SBMH programs' ability to address those stressors and to support students in navigating their resulting feelings. In previous research, many studies have indicated a strong link between feelings of racial discrimination, whether through individual, societal, or institutional, and feelings of well-being and self-worth. During this research study, many BIPOC students reported high levels of discrimination, which in turn impacted their life satisfaction, self-esteem, social and emotional scales, and feeling of well-being (Seaton & Yip, 2008; Calhoun, 2021).

### ***School Engagement and Inclusivity***

*(3) School Engagement and Inclusivity:* The third highlighted area for BIPOC students is feelings of school engagement and inclusivity. Proper school engagement and inclusion promote feelings that one has the right to be respected, appreciated, and valued (as a member of a school community) regardless of ability, disability, health care needs, race, ethnicity, religion, etc. School engagement and inclusion has close links with student outcomes, whether positive or negative (McMahon et al., 2016). Research has indicated that BIPOC youth have felt less welcomed in their school settings, leading to poorer outcomes, feelings of learned helplessness, and ultimately struggles with motivation (American Psychological Association, 2016). In many cases, the culture of the school setting can tip the scale of feelings of engagement and inclusion. Moreover, if there are high levels of biased or discriminatory interactions (making students feel targeted), this can also impact these feelings. According to the literature the concept of school engagement has many components in it such as graduation rates. For some areas in the United States, BIPOC youth's graduation rates averaged as low as a 68% (Collier, 2015).

### *Stress Levels*

(4) *Stress Levels*: The fourth highlighted area for BIPOC students is stress levels. The U.S. National Research Council Panel on Race, Ethnicity, and Health in Later Life defines stress as environmental demands that tax or exceed the adaptive capacity of an organism, resulting in biological and psychological changes that may be detrimental and place the organism at risk for disease (Bulatao, 1970). Stress can manifest in many different ways: through traumatic experiences, chronic strain, life pressures, economic struggles, physical and emotional detriments, ecological disparities, occupational difficulties, familial dynamics, grief and loss, etc. However, for racial/ethnic populations, these stressors can be compounded by discrimination, prejudice, racism, social and emotional detriments caused by environmental factors, lack of resources, and general life distress (Hickens et al., 2014). Hicken et al. (2014) discussed how chronic stress is higher in those who identify as BIPOC, and how that stress starts at a young age and needs specific types of support to prevent chronic lifelong detriments. General stress and discrimination stress have links with poor health outcomes: cardiovascular disease, hypertension, neurological disorders, high mortality rates, high levels of mental health struggles (depressions, anxiety, posttraumatic stress disorder, adjustment disorders, etc.), the perpetuation of multigenerational trauma and sociocultural detriments, feelings of connectedness to one's own cultural identity, and overall feelings of contentment and well-being (Esimol et al., 2012).

Higher than average stress is also prevalent in BIPOC students. Adolescence encompasses a large number of biological and environmental stressors. BIPOC students face additional sociocultural factors (race, gender, ethnicity, economic status, etc.) that

compound their stress levels, impact their ability to function in a neurotypical way, and manage their stage of life demands (Goodman et al., 2005). These factors are also associated with increased chances of youth engaging in high-risk activities and being considered vulnerable and “at risk.”

Stress links to many feelings of dysregulation in one’s physical, emotional, and cognitive health. Accordingly, different populations have adopted different coping styles and mechanisms due to their varying cultural norms. However, due to vast disparities in access to support and resources, traumatic experiences, a number of stressful events, and quality of environmental elements, minority groups are more likely than Whites to use unhealthy behaviors in an effort to cope. Those within the Black and Latinx communities have been affected more than others (Rodriguez et al., 2016). Ultimately, stress levels have strong correlations with negative outcomes in all individuals, especially in BIPOC populations (Williams, 2018). In fact, stress levels have direct links with adverse outcomes such as reductions in academic achievement, decreases in motivation and mood, and increased risks of school struggles (Pascoe et al., 2019). Morris et al. (2020) found that BIPOC students are disproportionately affected by feelings of stress, and this reduces attendance rates and achievement, which are impacted by stress levels.

### ***Academic Functioning and Disciplinary Events***

*(5) Academic Functioning and (6) Disciplinary Events:* The fifth and sixth highlighted areas for BIPOC students are academic functioning and disciplinary events. Both dimensions have links with students’ outcomes in the school setting and can indicate whether students are thriving or declining academically. Academic functioning is defined

as students' ability to operate successfully in academic areas that are meant to be used for the rest of their lives (American Psychological Association, 2020). Like academic functioning, disciplinary events can speak volumes about students' relationships and interactions with the school community and/or system. Both dimensions can change the trajectory of students' lives and create meaning and narratives that others can hold against them, and which can either open or close doors.

Academic functioning and disciplinary events can give students permission, liberty, or the ability to enter, approach, or pass to an outcome that could be positive or negative for them (Malone et al, 2021). Further, for BIPOC students, academic functioning and achievement, along with punitive disciplinary interventions, have become barriers and hurdles that often become impenetrable. Many BIPOC students have fallen into the paradigm of what research calls the School-to-Prison Pipeline. According to Strauss (2018), there is a significant role that racial and implicit biases play in the inequality of the discipline prescribed for BIPOC students. Strauss explicitly highlighted how BIPOC students are continually overrepresented in the disciplinary actions they receive as early as preschool. Strauss reported that according to her research with various elementary schools, suspension rates of BIPOC students were as high as 47%.

Regarding academic functioning, Banerjee et al. (2018) highlighted how BIPOC youth struggle at higher rates due to race-related factors in academic persistence, self-efficacy, and self-concept. On average, BIPOC youth score lower on tests and receive lower grades than their White counterparts (National Association for the Education of Young Children, n.d.). Achievement gaps most often occur between White students and Black, Latinx, and immigrant students (Californians for Justice, 2021). Many of these

gaps begin in the early development ages of three or four years old (Darensbourg et al., 2010). These academic and achievement gaps occur regardless of family income and economic status, suggesting there are other systemic factors. BIPOC students are at the bottom of every academic category no matter the subject, which is theorized as a byproduct of stigmatized views and unequal expectations of BIPOC youth based on their race and zip code. On average, only 57% of BIPOC students have access to a full range of classes needed to go to college, 61% in 2015 met none of the ACT benchmarks for college readiness, and score 26 points lower than white students on the National Assessment of Educational Progress (NAEP) exams. Moreover, 1.6 million of the U.S.'s BIPOC student attend a school with a sworn law enforcement officer (SLEO), but no school counselor and the schools that do have counselors usually have an average ratio of 491-to-1 when the School Counselor Association recommends having no more than 250-to-1 (K-12 disparity facts and Statistics. UNCF, 2020). With these disparities in place, most research has highlighted the role focusing on these student populations' social and emotional needs can play in their wholistic functioning and academic success. There is also a pivotal role mental health professionals have in systemic change of the school system policies, practices, and perceptions that can lead to lessening these achievement gaps (Howard, 2020).

### ***Therapeutic Satisfaction***

(7) *Therapeutic Satisfaction*: Gamble and Lambros (2013) reported that many youths did not feel supported by SBMH providers due to the providers' lack of cultural sensitivity. They also stated that when they did have a chance to engage with those types of school-

based services, other culturally related factors such as stigma, the lack of culture-specific training for providers, and language barriers, hindered them. Consequently, BIPOC students are more hesitant to engage in services and overall feel such services are not helpful.

## **Post -Matriculation Negative Outcomes**

### ***School-to-Prison-Pipeline***

Post-Matriculation outcomes unfolds in all different shapes and forms and the School-to-Prison Pipeline is one of them. There is an emerging body of research coming about showing how school-based experiences relate to longer life outcomes. The school-to-Prison-Pipeline refers to a metaphorical process by which BIPOC youth are a recipient of experiences that include a series of exclusionary and punitive punishment practices throughout their school career which then gets intertwined into the criminal justice system. This phenomenon theorizes that exclusionary discipline, such as the before mentioned “Zero Tolerance” policy, significantly alters the pathway of this community of youth towards adulthood incarceration (Hemez et al, 2019). Again, “Zero-Tolerance” policies criminalize minor actions and infractions of youth such as violating school rules. The response to these infractions under this policy is usually severe and can even involve police interactions which then starts the process of a student having a “record” that follows them. BIPOC students have been especially vulnerable to this. In some areas in the United States BIPOC populations represent 16% of the public school system, but 42% of the exclusionary suspensions. Similarly, BIPOC students represent over 31% of

school-related arrests and are three times more likely to have contact with the criminal justice system later on in life (School-to-prison pipeline. American Civil Liberties Union, n.d.). Research has shown that this phenomenon is metaphorically a “conduit” from school to prison and stems from disproportionalities in harsher punishments for BIPOC students which ultimately adds to the negative outcomes they experience (Hemez et al, 2019).

### ***Other Post -Matriculation Negative Outcomes***

Theories such as the “Life Course Theory” articulates post-matriculation negative outcomes well. It theorizes that a “sequence of socially defined events and roles that individuals enact over time” shift their outcomes. This perspective draws attention to the connection between an individual’s historical and socioeconomic context and how their life unfolds (International encyclopedia of marriage and family. encyclopedia.com, 2022) In these cases, various types of negative pre-matriculation events (i.e., harsh school-based disciplinary actions) connects BIPOC students to systems (i.e., criminal justice) at a pivotal time in their life which then makes way for other life-course trajectories associated with adverse outcomes such as incarceration, arrest, and future offending (School-to-prison pipeline. American Civil Liberties Union, n.d.). Research also shows how this paradigm can affect other life areas as a result of both the academic disruptions and criminal association that comes from this such as a correlation with struggles in house attainment, credit building, gainful employment, qualifications for public assistance, engaged parenthood, and even marriage/partnership stability (Hemez et al, 2019; Who is most affected by the school to prison pipeline, n.d.).

## **Gaps in Services & Attempts to Solve the Problem**

### ***School-Based Mental Health (SBMH)***

Amid the increase in positive outcomes from SBMH programs for non-BIPOC youth, significant disparities have emerged between the types of students accessing, engaging in, and benefiting from the services. Even with the benefits of SBMH, BIPOC students report feeling they have less support. According to ACT (n.d.), which utilizes scientific research to study education support, BIPOC students reported having a harder time receiving mental health services in their school, mainly due to lack of awareness of the support on campus and it not being offered to them. SBMH support rates for White students are continually on the rise, while disciplinary referral and implementation rates for BIPOC students continue to exceed their mental health support rates. According to Lipson et al. (2018), among post-secondary students with chronic struggles with mental health, over half of White students, one quarter of Black students, and less than one third of Latinx students received the SBMH treatment they needed. Moreover, the BIPOC students who are receiving support report it as ineffective or untranslatable to their idiosyncratic and distinctive needs (Mental Health America, 2021).

When students' (including BIPOC students) social, emotional, and ecological struggles arise in the general student population that in turn impact their academic functioning, in principle including BIPOC students, SBMH programs are there to provide support and advocacy. SBMH is a programmatic structure of mental health that focuses on the school setting. Most SBMH programs employ professionals in the mental health field like therapists and social workers and those with expertise in supporting youth



mental health needs, such as school psychologists. What makes these forms of professionals unique is their added experience, proficiency, and competence in providing support for individuals in the child and adolescent developmental stage and merge that with their ability to provide social and emotional support for academic achievement and success. At the genesis of SBMH, a foundation of strategies generated unique services designed to address and remove barriers for youth and their families. These services represented an effort to provide mental health support to prevent solidified marked impairment during students' school career pre-and-post matriculation. Such strategies have included phased approaches to support including prevention, early detection and assessment of mental health, and social, emotional, and behavioral struggles. Moreover, other strategies have encompassed referrals, case management, resource support, advocacy, psychoeducation, and coordination between mental health providers and the various school-based stakeholders (Health, 2004).

This added focus on mental health in a world typically dominated by academia has greatly benefited youth. According to the Center for Health and Healthcare in Schools (2016), there has been a significant increase in youth accessing and receiving mental health services since the implementation of SBMH programs. When surveyed, between 70% and 80% of youth who were receiving mental health support reported receiving it in their school setting and found the services helpful. Since 2016, over 60% of the 1,500 school districts in the United States have reported having a mental health center and/or incorporating some kind of mental health program on their campuses, and roughly 83% of schools reported having a focused position that provides social and emotional support and case management to their student body (Center for Healthcare in schools, 2016).

Other benefits have included students and families receiving mental health services without the worry of insurance-based issues, receiving support in a familiar setting with possibly less stigma, not having to worry about transportation, families being more involved in their student's' treatment, an increase in allowance for students to self-refer, etc. According to the World Health Organization (2021), with SBMH programs, children and adolescents are ten times more likely to initiate their own mental health support than youth who do not have access to such programs. SBMH programs have also yielded other benefits for students such as aiding in an increase in positive outcomes such as rates of school engagement and retention, lower rates of mental health-related chronic truancy, a decrease in disciplinary implementation rates, an increase in graduation rates, and an overall more positive student-centered school climate (Malone et al., 2021).

Given these statistics and the increased research around school-age youth mental health struggles, mental health programs are now available to address youth biopsychosocial needs. Community agencies have often been the primary providers of school-based mental health (SBMH) programs (e.g., response to intervention [RTI] and Multi-Tiered Systems of Support [MTSS] programs), and chiefly focus on student academics, behavior, and social and emotional functioning (California Department of Education, 2020). However, following the implementation of these programs, significant disparities arose between the types of students identified for support (Locke et al., 2017), namely between BIPOC and white students. Statistically, white students received more service and support through school-based mental health programs than BIPOC students (Dong, 2018).

### *Multi-Tiered System of Support (MTSS)*

In addition to general SBMH programs, many school districts have adopted programs such as the Multi-Tiered System of Supports (MTSS) programs, which focus on student instruction, differentiated and student-centered learning, and various other student needs in academics, behavioral, and social and emotional functioning. This framework usually has three different tiers centering on the level of intensity that is needed for individual students. Tier 1 focuses on the majority of students (between 75% and 90%), and it is meant as a preventative measure in the classroom setting. Tier 2 focusses on small, identified groups of students (between 10% and 25%), and it is meant for a group setting with identified topics. Last, Tier 3 focusses on individual students (10% or less), and it is meant to take place in a one-on-one support setting such as SBMH provider services. All three tiers of support provide early assessment and intervention to support all students regardless of diversity status (California Department of Education, 2020; PBIS Rewards, 2019). However, major gaps continued for BIPOC student populations. Experts in the field of education speculates that these gaps are due to user error and the lack of culturally responsive information and recommendations for staff and faculty (MTSS & Equity: Is your MTSS practice helping or hiding racial inequities? Branching Minds, Inc, 2021). Moreover, without the proper culturally responsive training for those who assess student needs and provide appropriate services at each tier level, assessment biases and intervention discrimination persist.

### ***Response to Intervention (RTI)***

RTI is another programmatic framework in school systems, and it is meant to support students with their learning, behavioral, and social and emotional needs in the school setting. It focuses on areas such as classroom instruction, ongoing assessment for early identification of support, tiered support for individualistic needs and differentiation of needs, and family system and parent involvement. All systems in this program can support appropriate decision making with general and special education students to accelerate learning, increase monitoring of student needs, and promote wholistic positive outcomes for each student (Gorski, n.d.). However, like MTSS, interventionist biases and lack of social cultural knowledge continue to leave BIPOC students out of the equation of support.

### ***Positive Behavioral Interventions and Supports (PBIS)***

Similar to MTSS and RTI, PBIS is three-tiered program that is meant to improve and integrate the data, systems, and practices that are affecting student outcomes. This tiered system is aimed at improving students social and emotional functioning, academic success, as well as reducing exclusionary discipline practices (Positive Behavior Interventions and Support (PBIS) | Riverside County Office of Education, n.d.). When looking at effective rates with PBIS, the research has been unclear. Research has indicated that in its current form, PBIS has not successfully reduced racial/ethnic disparities in supports and exclusionary discipline for BIPOC youth (Fix School Discipline, 2021).

### ***Gaps: MTSS, RTI & PBIS***

All three programs have similar missions and values. They focus on supporting struggling students in the areas of social and emotional problems, academic functioning, and behavioral support. Moreover, they also provide a vehicle of teamwork between staff and faculty on how to use data driven interventions and decision making when a student need arises. However, they also differ in many ways. MTSS and PBIS has a broader scope which focuses in aligning the entire school system in initiatives, support, and resources. MTSS and PBIS focuses on all students in the education context. In contrast, RTI only focuses on students that are struggling and not on initiatives for the rest of the student body (Definition of MTSS. Definition of MTSS - Multi-Tiered System of Supports (CA Dept of Education, n.d.).

In theory these programs should reduce negative outcomes for BIPOC students, but research has indicated that this has not occurred. Even with the data-driven systematic approaches in place within PBIS, RTI or MTSS programs, inequities, disparities, and unproven positive impacts on outcomes for BIPOC students persist. Much of the research on these programs shows that educators report seeing them as specific to special education. Moreover, these systems are rarely seen as ways to promotes equity, reduce disproportionality, or increase cultural responsiveness. Even within these systems, a disproportionate number of BIPOC students are being referred to special education under the qualifiers of specific learning disabilities, emotional disturbance such as oppositional defiance, and punitive disciplinary interventions. In addition, even though school systems have widely adopted programs such as MTSS and RTI as their mental health structural guides, there has been no reduction of disproportionality and racialized achievement

gaps, and nor has there been an increase in culturally appropriate SBMH supports. In a recent study across six states, Branching Minds (n.d.) focused on student equity and achievement. School districts that had fully functioning MTSS and/or RTI programs still had inequities with their BIPOC students. More specifically, they found that Black students were still struggling and disproportionately underrepresented in their support services in comparison to their struggling White students (MTSS & Equity: Is your MTSS practice helping or hiding racial inequities? Branching Minds, Inc., 2021).

### ***General Lack of Cultural Understanding and Responsiveness***

Considering the negative outcomes this population experiences during and after school years, researchers have examined this phenomenon and found that certain negative paradigms experienced in younger years compounded the adverse exposures BIPOC students already encounter later in life. Such paradigms include the lack of culturally appropriate and responsive supports within their school setting. Schools employ key school-based stakeholders with a deficit understanding of culturally responsive social and emotional learning. They exemplify explicit and implicit biases, holding pro-racist ideologies that have resulted in discrimination (McGoldrick & Hardy, 2019) and a lack of sociocultural knowledge, which often resulted in stigmatized reactions towards BIPOC students (Locke et al., 2017).

Locke et al. (2017) examined disparities in school-based behavioral health services for BIPOC students. They found major differences in service use with this population, mainly resulting from poor outreach and a lack of culturally responsive knowledge and culturally appropriate abilities from SBMH providers and academic

stakeholders in school settings. These deficits usually involved an inability to tailor their services to diverse groups or provide adequate identification and support. Algeria and Green (2015) researched disparities in child and adolescent mental health services in the United States. They found a need for new and culturally responsive interventions that target BIPOC populations and that can provide appropriate support that meets the distinctive needs of minority youth. Hicken et al. highlighted the need for appropriate support during the formative K–12 years for BIPOC students to support the struggles that saturate their community. Lastly, Darenbourg et al. (2010) discussed the role that key stakeholders in the school setting, for example, SBMH therapists, can play in dismantling the school-to-prison pipeline by intervening through alternative and culturally responsive practices.

Many school-based mental health providers and stakeholders such as staff, faculty, and administrators reported not feeling that they were properly trained, culturally competent, or informed enough to make systemic changes to support systems for BIPOC students. Providers and stakeholders also self-reported that the one-size-fits-all paradigm has been disastrous for BIPOC students and their experiences in the school setting (Bruce & Nichols, 2013). Regarding school culture, research has shown that a White supremacy culture in schools is exacerbating the disparities for BIPOC students. Similar to the pracist ideology, White supremacy culture in schools is “the idea (ideology) that white people and the ideas, thoughts, beliefs, and actions of white people are superior to those of People of Color” (McGoldrick & Hardy, 2019). According to the literature, this culture has dehumanized BIPOC students, shut down learning, and inhibited SBMH professional and stakeholders in any school from learning and being aware of the antiracist and racial-

equity work that needs to be done (Truss et al., 2021). Overall, between SBMH providers, school-based stakeholders, and the overall culture of schools, the lack of equity awareness, and knowledge has hindered work supporting BIPOC students in having more positive social and emotional functioning and outcomes (Malone et al., 2021).

This deficit of culturally responsive understanding is not limited to academic stakeholders in the school setting. It also impacts professionals who are supposed to provide social and emotional supports to the entire student body, such as SBMH providers (Darensbourg et al., 2010). Research indicates other contributing factors exacerbating the disparities of mental health and social and emotional support—including mental health stigma within the population and concerns stemming from historical mistrust of those in the mental health and medical fields (e.g., Tuskegee experiments) (National Alliance on Mental Health, 2021). Ultimately, what the literature has seen with this population in the school setting is that BIPOC students generally receive harsher punishments (suspensions, expulsions, police interactions, etc.) for neurotypical developmentally appropriate behaviors and for possible mental health symptomology manifestations (typical adolescent depression, posttraumatic stress disorder, anxiety, etc.) (Balingit, 2018). In addition, this population has not been accessing or engaging in social and emotional support due to a lack of cultural responsiveness (Agbafe et al., 2020).



## **New Direction**

### ***Purposeful Ways to Address the Culture of Racism in Schools***

Research shows a new direction needs to be taken in order to shift perspectives between being culturally responsive and mental health. Being in good mental health can include enjoying life, having the internal resources and resiliency to cope with challenges, being an active participant within a system, supporting others (within that system), learning and growing, etc. So, considering the general importance of mental health to the well-being of the human condition, ensuring that all individuals can thrive in this way equitably is vital. According to Charlés and Samarasinghe (2016), the biological manifestations, ecology, and systemic contexts of culturally diverse communities are drastically different. Considering this, there is a need for providers to focus on their clients' individual differences in order to fully support them. For BIPOC students this looks like providers understanding the factors leading to them experiencing a lack of psychosocial well-being. This is pertinent in ensuring that they receive the appropriate supports to promote healing and recovery from what is impacting them (Charlés & Samarasinghe, 2016).

Providers can do this through the lens of cultural responsiveness. Culturally responsive mental health ultimately considers cultural differences, nationality and country-specific conditions, the epidemiology of the mental health disorders present in different cultures, the treatment options and resources available to individuals, the sociopolitical and financial factors present, the current mental health ideology within that population, and the social determinants of health that might be impacting individuals

(Patel et al, 2014). Ultimately, having this lens can equitably lead to culturally responsive care—providing a better foundation for BIPOC students filled with culturally appropriate supports at pivotal developmental stages thus increasing the chances of more positive outcomes in adulthood.

Supporting BIPOC youth in a culturally responsive and equitable way that can decrease the pre-and post-matriculation negative outcomes they are experiencing will require more creative and purposeful approaches within youth support systems (Malone et al., 2021). What better way to do this than through those who have the expertise to support others socially and emotionally, the power to encourage and advocate for systemic change, hold positions to educate others, and are present in a setting that is accessible to youth (Darensbourg et al., 2010). For other communities, such as the White community, this has been SBMH providers. When thinking about the unique role that mental health providers have generally played in society, it is natural to see them in a position that supports individual and systemic changes in large systems that are causing social and emotional unhealth and distress. Mental health providers over the years have been in a unique position to advocate, counsel, support, teach, provide psychoeducation, change policies, provide training, and conduct research that has impacted interventions and treatment that have nurtured development. Ultimately, mental health professionals can promote equity and inclusion in the school system by increasing academic sociocultural understanding of the BIPOC student community and encouraging further advancements in more culturally responsive interventions and support options.

Moreover, these providers can increase ethical discourse to expedite solutions and dismantle imbalances and inequalities. Mental health providers hold the responsibility to

address this. They have a distinctive skill set and play a valuable role in society that encompasses power, privilege, and influence. Such power includes their ability to contribute meaningful ethical discourse and information sharing in the world of academia. If they address this issue, mental health professionals can use their privilege to prevent (in some cases, provide early intervention for) biases and discrimination against BIPOC students. With their skill set, they can provide the culturally appropriate services themselves and teach others to do so, according to their capacity. Considering this, why has it not yet happened? Again, many BIPOC students (and the general BIPOC community) claim that mental health professionals are not culturally competent or responsive enough to treat their unique issues and struggles. Thus, discouraging them from seeking that type of support (National Alliance on Mental Health, 2021).

### ***Importance of Cultural Responsivity***

When thinking about therapeutic work and its role in wholistic levels of health, it's hard to not consider those that are meant to benefit from it. As our nation is becoming more and more diverse and BIPOC populations are at the margins of receiving the mental support they need, it behooves us as clinicians to decolonize our once Westernized and Eurocentric approach to therapy and become more inclusive and equitable for all. Unlike the dated concept of Cultural Competence, contemporary pedagogy and literature have shown that Cultural Responsivity is the framework and lens we should be operating from (Hammond and Jackson, 2015). Looking at the concept of cultural competence, there is a heavy implication that one has fully attained all the skills needed to work with culturally diverse clients. However, in reality, no one can claim to be fully competent when it

comes to the diversity of humankind. Considering this, pivoting to cultural responsiveness allows for the focus to be on responding to the individual differences and needs of each client, while acknowledging the intersectionality that exists within groups as well as the bicultural identities that one can hold.

***Robust Training Programs —Combining Cultural Responsivity and SBMH.***

According to Sue et al. (2009), the push for culturally competent and responsive practices in the field of mental health has been great due to the disparities in appropriateness and quality of support services for minority populations. Within the school setting, research has shown similar disparities in services. American schools are seeing a continual increase in diversity in the student population as socioenvironmental factors intensify with manifestations of systemic racism and pracist ideology. The challenge created for the educational system is to provide social and emotional services that enhance both the educational and mental health experiences of all students based on their individual differences. According to the National Association of School Psychologists (n.d.), school-based support staff and stakeholders need to evaluate their sociocultural knowledge and culturally competent practices to gain the appropriate attentiveness and responsiveness to all students' multicultural needs. Ultimately, SBMH providers are uniquely situated to intervene with youth, advocate for prevention and early intervention, increase access of support, open up opportunities for collaboration between youth stakeholders (youth, families, administration, staff, faculty, etc.), and provide training to others in this area (Castro-Olivo, 2017). Accordingly, combining culturally responsive perspectives with SBMH services can have a powerful impact on dismantling

negative outcomes for BIPOC youth within the school setting (Darensbourg et al., 2010). However, for this combination to occur, SBMH providers must be adequately trained themselves to disseminate the information to other stakeholders and to advocate for systemic changes in school culture. Accordingly, there is a clear need for a robust training manual for this population.

*Primary Population of Focus.* Successful training on a culturally responsive curriculum will dispense culturally responsive mental health support to BIPOC students and integrate the learned culturally responsive pedagogy that will shift the pracist ideological school culture. Therefore, it is pertinent that SBMH providers receive this training manual. According to the literature, SBMH providers are the most appropriate recipients for training on cultural responsivity work. They have unique skill sets, expertise, and the ability to disseminate information and promote systematic change—making them the ideal candidate (Darensbourg et al., 2010; Malone et al., 2021). For this reason, this population is the primary population of focus for this training manual.

*Secondary Population of Focus.* The second population of focus is BIPOC students. BIPOC or minority students are the focal points for most research around disparities such as adverse outcomes and inequities of student support in the school setting. However, for this literature review, it is important to define operationally how this population is seen in the research. BIPOC refers to those of specific descents or to those who identify as non-White. Similarly, students of color are students who self-identify as African American and/or Black, Mexican American and/or Brown, Latinx, Asian, Native American, and/or a mix of these racial identities (Students of color, 2020). Minority students are youth who do not belong to a majority racial or ethnic group and

who may be subjected or exposed to discrimination, which can impact their academic achievement. However, much of the research on this topic concerns Black and Brown students. This population is the secondary population of focus because such students are the indirect beneficiaries of those who will be directly trained by a robust manual.

*Tertiary Population of Focus.* The third population of focus is school-based stakeholders. The literature discusses the importance of staff, faculty, and other support adults on campus having culturally responsive knowledge in order to support BIPOC youth in the school setting (Hammond & Jackson, 2015). For this population, being culturally responsive creates an environment where diverse students can feel safe, a sense of belonging, respected, and appropriately challenged (Rucker, 2019). Having this population adequately trained also leads to an approach known as culturally responsive teaching (CRT). CRT is a research-based approach where school-based stakeholders, such as teachers, encourages students to learn by utilizing connections between their culture, language, life experiences and the curriculum they are learning (Hammond & Jackson, 2015). A robust training manual should keep this population in mind when focusing on training individuals that can in turn support BIPOC youth.

## **CHAPTER THREE**

### **CONCEPTUAL FRAMEWORK**

To conceptualize the problem at hand, the phenomena that are negatively impacting BIPOC students, and the most appropriate interventions, strategies, and recommendations for full problem mitigation, it is pertinent to understand not only the individual struggles, but also the sociocultural, systemic, and ecological factors that are perpetuating the problem. Bronfenbrenner's socio-ecological theory and social justice theory offer a useful way to do this. Utilizing these schools of thought will give practitioners and program implementers more insight into why a culturally responsive school-based training program is necessary and how to develop culturally appropriate therapeutic interventions. It will also ensure the equitable support of not only BIPOC students, but also all the diverse student body populations that make up schools in the United States by reducing negative outcomes and promoting more positive pre-and post-matriculation outcomes.

#### **Socio-Ecological Theory**

Bronfenbrenner's socio-ecological theory views children's development through a systemic lens. It suggests that children's development is impacted by various relationships that occur within different levels of their surrounding environment. The multiple layers of their environment impact them, from their immediate setting such as school, home, family, peers, etc. to their broader environmental settings such as the

society they reside in, their cultural beliefs and influences, the laws governing their environment, to customs, values, etc. (Guy-Evans, 2020).

According to Bronfenbrenner, to understand children's development fully (for both functionality and dysfunction), one must study their immediate environment and the complex interactions occurring in their broader environments. Within this theory, Bronfenbrenner divided the environmental settings within an individual's ecology into five different categories or systems: (a) the microsystem, (b) the mesosystem, (c) the exosystem, (d) the macrosystem, and (e) the chronosystem. Each system has a unique set of characteristics and influences that affects an individual in particular ways (Guy-Evans, 2020).

### *Microsystem*

The microsystem, which is Bronfenbrenner's first layer in his social-ecological system, contains elements that have direct contact with developing children. These elements are part of their immediate environment, such as their family, parents, siblings, relatives, peers, friends, school, teachers, etc. This system is pertinent in the future growth and/or impairment of children as it is bidirectional. Bidirectional influences are appurtenant because they are determinant factors within children's lives. These factors can be influenced by others who can change beliefs, values, behaviors, and actions. All interactions within this layer can foster children's growth and development. Ultimately, all interactions in this system can have positive or negative effects on children (Guy-Evans, 2020).



### *Mesosystem*

The mesosystem involves interactions between the elements within a child's microsystem, such as interconnections between children's parents and their school system or between their siblings and their school peers. The most important factor within this layer is the interactivity between the elements, signaling that children are no longer functioning independently, but are navigating multiple influences. Like the microsystem, positive interactions in this layer can lead to more positive outcomes for children. For example, if their parents have a positive relationship with the school or their teachers, this can influence their development by resulting in more wholistic levels of support in their education (Guy-Evans, 2020).

### *Exosystem*

The exosystem relates to more formal and informal societal and social structures that reside outside children. Even though there are no direct connections to the children, there are many indirect influences that impact their microsystems. Elements within the exosystem include children's neighborhood, their parents' places of work, their families' friends, the mass media, etc. Each of these elements is external but can greatly impact children, nonetheless. For example, if parents have financial difficulties and/or problems at work, that may impact interactions with their children—leading to disrupted relationships, which can also impact children's development (Guy-Evans, 2020).

### ***Macrosystem***

After the exosystem is the macrosystem. The macrosystem specifically focuses on children's cultural elements such as their socioeconomic status and other aspects such as poverty, wealth, social determinants, race, ethnicity, geographic location, cultural ideology, etc. Cultural elements, in particular, have extensive influence on children and their development. Children's culture can influence their personal beliefs, values, perceptions, and thought processes. Although this system has similar components to the exosystem, it differs in that the exosystem focuses on the general society and culture. However, the macrosystem focuses on the specific and individualized culture of the developing children. As one can imagine, experiences can vary widely between children of low to high socioeconomic statuses or even between children in third and first world countries. Both situations can alter children's future outcomes (Guy-Evans, 2020).

### ***Chronosystem***

The final layer in Bronfenbrenner's social ecological system is the chronosystem. The chronosystem encapsulates all the environmental changes and major life transitions occurring in children's lifetimes. These changes and transitions are not limited to their present circumstances but also include historical events. Each particular life occurrence can impact and influence development ranging from normative life transitions and milestones, such as going to school for the first time, to non-normative ones, such as moving locations or one's parents getting a divorce. These life occurrences can also include multigenerational and historical familial traumas that have been passed down

from generation to generation through vehicles like storytelling and/or direct experiences (Guy-Evans, 2020).

### *Effects on BIPOC Students*

Looking specifically at BIPOC students and their struggles in the school-based setting through Bronfenbrenner's socio-ecological lens, we see a parallel process intersecting and occurring for BIPOC students and key stakeholders within the school system. For BIPOC students, direct experiences and relationships, including their school-based stakeholders, are within the microlevel layer. Due to the nature of this racialized society, BIPOC students experience daily stressors at an alarming rate (Hicken et al., 2014). These stressors include racism, microaggressions, and at times, life-threatening encounters with those who are supposed to be a part of the helping portion of society (police officers, governmental agencies, etc.). Interactions like these bring about discordance and confusion that leads to levels of distrust in the grander societal systems. These stressors increase the chances of isolation, sadness, and anxiety, leading to other social and emotional and behavioral struggles.

The mesosystem includes individuals in the microsystem and structures such as the family unit, teachers, and instructors (Guy-Evans, 2020). These types of school-based stakeholders also bring their personal characteristics and beliefs (gender, age, motivations, academic history, etc.), which, at times, affect how they engage with BIPOC students. At times, there is a level of distrust between BIPOC communities and school systems, which also impacts the relationship between these two entities. This disrupted

relationship has great negative impacts on the current learning and future success of BIPOC students in the education system (Malone et al., 2021).

Moving to the next level, there is a relational interaction between the micro-, meso-, exo-, macro-, and chronosystem that, at times, can perpetuate negative narratives that creates larger disparities for BIPOC students. These narratives often perpetuate negative stereotypes, such as that this population is dangerous or not smart enough. This same narrative often appears in school systems and culture. When there is no awareness and consideration of this, the relationship between BIPOC students and school-based stakeholders can be negative and shift BIPOC students' interactions, experiences, and outcomes pre- and post-matriculation (Malone et al., 2021). The chrono layer of BIPOC students' ecological systems is plagued with historical trauma around slavery, prejudices, discrimination, and even racialized mortality. Often, BIPOC children have seen the impacts of societal laws and views on their community within their family system, which can produce vicarious trauma that can impact development (Guy-Evans, 2020). Ultimately, within this theory the interactions between these systems can alter the disparities and experiences within the personal lives and school settings of BIPOC students. However, having a program with trained mental health therapists who can implement appropriate interventions on culturally responsive strategies and train school-based key stakeholders can alter these systems' interactions with BIPOC students and lead to better outcomes (Leonard, 2011).

## **Social Justice Theory**

In addition, looking at this problem through a social justice theory can better articulate why BIPOC students are experiencing negative outcomes, indicating the necessary systemic changes to promote more positive ones. Social justice theory covers the notions of fairness and equitable distribution of power, privilege, equity, equality, resources, etc., regardless of race, ethnicity, age, gender identification, ability status, sexual orientation, and/or religious/spiritual belief or affiliation. Fundamental components and guiding principles within social justice framework are inclusion, collaboration, cooperation, equal access, and equal opportunities. With this in mind, many scholars have found a crucial connection between social justice and the well-being of individuals — from the cradle to the grave (CSU Channel Islands, n.d.).

In contrast, individuals with an absence of justice in their life, whether momentarily or generationally, have struggled with social and emotional pain and physical suffering that increase their chances of illness and/or early mortality. Furthermore, truncated access to resources can have a considerable impact on a community's collective well-being, familial and relational functioning, and/or general interpersonal connection to society. This framework addresses unfairness, inequality, and inequity while amplifying possibilities for systemic changes to how individuals, policies, practices, curricula, systems, and institutions operate to direct them toward enhancing freedom rather than oppressing the marginalized and underserved (Ayala et al., 2011).

For BIPOC students, more specifically Black and Brown students, social justice, or the lack thereof, has been a common and reoccurring theme. Generationally, these communities have been greatly impacted by all the major social justice issues of our time

(Yeshiva University, 2020). These same issues still plague these communities and have shown up in diverse ways in the school setting. According to some leading scholars, the education system still actively embodies and manifests dynamics such as oppression, privilege, and isms while exhibiting long-standing socially constructed categories and narratives around race, gender, ability, and sexual orientation. This systemic way of being in the school systems is a byproduct of historically rooted and societally sanctioned schemas about the surrounding world that promotes White superiority. Such occurrences have dictated and still dictate systemic policies, practices, and procedures within schools.

Moreover, many of the wider social problems for BIPOC populations are duplicated in the school systems. While everyone has biases, only the dominant groups in society have the backing of societal and structural institutional power that is constantly operating in all systems, especially in schools (CSU Channel Islands, n.d.). The increase in biased and punitive treatment in the judicial systems has been accompanied by an increase in punishments in the school system for BIPOC students. Other negative outcomes for these populations in both general society and the school setting include, but are not limited to, access to resources, availability of support, disparities in opportunities, etc.

This suggests that the experiences of BIPOC students and the pre and post matriculation negative outcomes they experience are results of a sequence of negative legacies stemming from the culture of racism and social injustices that already exist in the United States (Malone et al., 2021). However, tackling the school-based system and the social injustices that reside there can set a foundation for this population, extending far beyond their school-age experiences into adulthood. Furthermore, there will need to be a

purposeful reflection within the school system on the socialization patterns of injustice and oppression that are being reinforced and an active attempt to counter those patterns through evidence-based strategies, recommendations, and intentional design. This can be accomplished through the expertise of culturally responsive SBMH professionals once trained appropriately.

### **Therapeutic Approaches for BIPOC Students**

A systemic culturally responsive strength-based therapy (CR–SBT) training program can make the necessary shifts for providers and stakeholders and can positively complement other current systems. Within this training model, school-based clinicians will receive training to implement culturally appropriate interventions with students to shift school climate (California Department of Education, n.d.). Of the various options (school-based clinicians and stakeholders) and the impacted secondary population (BIPOC students), a CR–SBT approach can be most helpful (Victoria Department of Education, 2012).

### ***Culturally Responsive Strength-Based Therapy (CR–SBT)***

The most appropriate therapeutic intervention for a CR–SBT will most likely have an evidence basis to support children and adolescents in the school and to consider cultural aspects to ensure that it meets the unique needs of the population it is serving. Generally, a strength-based approach values and focuses on increasing capacity, building knowledge, creating connections, developing skills, and highlighting potential in individuals and their communities. Its goal is to optimize social and emotional

functioning through improving social networks and enhancing well-being. This approach is a collaborative process between a client and mental health professional. The process depends on partnership and participation to ensure that goals and outcomes draw on the client's strengths and assets. The increased collaboration will enable coproduction of services and support levels instead of clients just being consumers. In addition to focusing on clients' strengths, strength-based approaches are systemic in nature, also focusing on the strengths of clients' extended networks, which include their family, culture, group affiliation, and other already established support networks (church, clubs, peers, etc.) (IRISS, 2019).

A CR-SBT combines a strength-based approach with multiculturalism and/or multicultural counseling. It is integrative in that it can be combined with other theoretical approaches such as cognitive-behavioral therapy (CBT), person-centered therapy, psychodynamic therapy, etc. However, multiculturalism and being strength-based are prioritized throughout the work with clients by recognizing individual differences and utilizing human strengths to frame the therapy. CR-SBT therapists be aware of the significance of their own and their clients' cultural stories, actively find knowledge about the client's specific culture, and utilize culturally appropriate interventions based on their knowledge of clients' cultures. At the foundation of this approach is multiculturalism, which acknowledges and values an individual's culture and the contributions it has made to one's life. Multiculturalism, ultimately, focuses on the recognition and inclusion of relevant cultural factors during the therapeutic process. Moreover, it is built on cultural relativism, which is the belief that one's culture should not be judged by the standards of another culture and that each culture has intrinsic value that should be appreciated by its



differences. This approach includes purposeful awareness of therapists' own cultural awareness and biases, knowledge of their clients' cultures and worldviews, and strategies that are unique to their clients and culturally appropriate (Culturally Responsive Strength-Based Therapy, 2019).

### ***Culturally Responsive Cognitive Behavioral Therapy (CR-CBT)***

CR-SBT and CR-CBT can work well together. With similar concepts and themes around multiculturalism and cultural responsiveness in the therapeutic setting, CBT adds specific interventions involving the five components of any problem: (a) cognition (thoughts), (b) mood (emotions), (c) physiological reactions, (d) behavior, and (e) environment. These components support individuals in the school setting and give SBMH providers a therapeutic link between these areas and sociocultural factors in BIPOC students (American Psychological Association, 2016).

Within a culturally responsive school-based training program, it is pertinent to have the developmental knowledge of Bronfenbrenner's socio-ecological theory, the context of social justice theory, and the culturally appropriate therapeutic interventions of CR-SBT and CR-CBT. The programmatic areas of interventions will incorporate the seven strength-based principals, namely (a) recognizing the students, their families, and the stakeholders' strengths and capacity to learn, change, and grow; (b) focusing on the students, their families, and stakeholders' awareness of current knowledge and actions and their aspirations to learn more; (c) looking for and building on the internal resources of the students and their families around advocacy in the school setting and building upon stakeholders' internal resources to support BIPOC students and not to condemn

themselves for possible biases; (d) altering the language stakeholders use with BIPOC students and their families as well as changing the language BIPOC students utilize among themselves and with others in the community; (e) having SBMH providers support BIPOC students' self-determination to avoid negative outcomes; (f) the promotion of empowerment for BIPOC students to surpass stereotypes, shift the narratives for their own life, and empower stakeholders to be a part of the narrative shift for this population; and (g) train SBMH professionals to use restorative justice techniques between BIPOC students and key stakeholders in the school setting (Hays et al., 2006). Last, those implementing CR-CBT can use its five components to support cognitive restructuring around BIPOC students' experiences and school-based stakeholders' toxic narratives.

### ***Theoretical Implications and the Appropriateness of Theoretical Frameworks***

These theories and approaches allow for a systemic analysis of the various biases and/or lack of education associated with supporting and working with diverse populations within the school system. They also address the context of the most impacted populations and the key stakeholders who are providing the support. The theoretical lenses and intervention approaches (discussed in this chapter) explore whether a comprehensive and culturally responsive SBMH training program manual could reduce the disparities in school-based services and K-12 negative experiences and increase supports for BIPOC students for post-matriculation positive outcomes.

More specifically, using socio-ecological and social justice theory can support the training of SBMH providers. They, in turn, can provide recommendations for different

members of students' microsystems to nurture alternative experiences and interactional patterns for BIPOC students. Moreover, using CR-SBT and CR-CBT as the foundation of the interventions may be beneficial, as these models are already in place in the school system. This approach does not pathologize, and it will support individuals getting trained to reduce their resistance to discussing and implementing strategies around sensitive topics such as biases and race.

In addition, Bronfenbrenner's socio-ecological theory, social justice theory, and a CR-SBT approach may also provide an avenue for evaluation of the training program and the development of research methods. Through Bronfenbrenner's socio-ecological model, one can provide a pre-and-post mixed-methods (qualitative and quantitative) program evaluation tool for those within the microsystem who are directly receiving services and the stakeholders trainees. This tool will ensure efficacy, fidelity, and validity.

## **CHAPTER FOUR**

### **METHODOLOGY**

An innovative solution that considers the multiple factors that have enabled inequities such as stigma, school-based and societal biases, punishment policies in schools, and a lack of cultural knowledge by stakeholders and mental health practices by school-based clinicians is necessary. Current mental health practices do not address the unique struggles that plague BIPOC students because they do not utilize a wholistic view of the problem, thus neglecting the contributions of environmental health to mental health and vice versa. This narrow view of mental health inequities, among others, has created substantial gaps in programmatic services, leading to diminished efficacy in supporting the BIPOC community to have mentally and physically healthier outcomes later in life.

Such a program can create a mentally healthier foundation that normalizes, empathizes, provides corrective experiences through advocacy, creates resilience and problem solving, and builds alternative schemas to combat current and future stigmas around mental health. To address the identified gaps, wholistic expressions for equity support SBMH program training manual (hereafter referenced as the program training manual) will aid clinicians in understanding how to implement key interventions in their work as school-based counselors. The training manual will also address how to be culturally responsive and to increase the access of BIPOC students to pertinent mental health services to produce more positive future outcomes.

## **Program Training Manual**

### ***Manual Description and Purpose***

The WE Program is a year-long program intended for grades 6-12 and for school districts to utilize with their school-based mental health professionals (SBMHP) in their current mental health programs. Even though the research indicates culturally responsive mental health supports are needed even in earlier years (i.e., TK-5), this current manual curriculum is specifically designed for the adolescent developmental stage in intermediate and secondary school. Focusing on other developmental stages in addition to adolescents is recommended therefore with further research sister manuals to this one can be created to target younger BIPOC students during their primary school age years.

Furthermore, the WE Program is not meant to replace a districts mental health program services, but to augment the services that are being provided to ensure BIPOC students unique needs are addressed. The program training manual is a comprehensive and culturally responsive training curriculum for school-based providers; designed to provide wholistic mental health support to BIPOC students (who have not received adequate mental healthcare services in the school setting). Its goal is to positively affect the prevention of early intervention in, and post-intervention in mental health struggles and negative outcomes.

The primary population for this manual is school-based providers, who want to become more culturally responsive. The secondary population or the population that will benefit from this level of training of school-based providers is BIPOC students. These primary and secondary populations also belong to and intersect with other communities

such as the LGBTQ community, those who identify with various religious and spiritual beliefs, those who have been marginalized and disadvantaged, etc. The tertiary population encompasses school-based stakeholders. They will be the recipients of the knowledge and education the primary population receives through this manual.

Accordingly, this program will employ a sociocultural, culturally responsive, and equity lens that utilizes social justice theory, Bronfenbrenner's socio-ecological theory, and interventions from a culturally responsive Strength-Based (CR-SBT) and cognitive Behavioral Therapy (CR-CBT) approach.

The ultimate purpose of this training program is to shift various school-based elements that perpetuate pre- and post-matriculation negative outcomes for adolescent BIPOC students. This program encompasses three units and an evaluation plan. Each unit should be implemented in numerical order meaning unit one should be done first followed by unit two and three. Units include a mental health provider "Pre-Work – Education" (Unit 1), a "16-Session culturally responsive therapeutic model - Implementation" (Unit 2), and guidance on how mental health providers can support school wide systemic change through "Stakeholder Recommendations and initiatives - Globalization (Unit 3). Between each unit there will be fidelity tools called "check-points" that each manual user will need to fill out in order to recognize if they are following the manual to its program as well as if they are eligible to move onto the next unit. The manual user's direct supervisor or leadership overseer can help determine if the user is ready to move on. If a manual user does not qualify to move on based on the fidelity tool and leadership overseer, then it is advised for the user to repeat the unit again until they are able to pass the fidelity "check-point."

### *Theory of Change*

Key K–12 stakeholders play a prominent role in students’ future skill building, academic success, social and emotional functioning, and general schemata about the world around them. Considering the paramount influence this population has on students—when implicit biases, punitive disciplinary practices, and disparities in levels of support occur with BIPOC students—it creates long-lasting impacts, such as increased adverse chronic physiological and physical outcomes. Ultimately this training manual can lead to robust changes in the administration of SBMH programs. It can considerably benefit BIPOC students by shifting the common negative systemic interactional patterns that school settings have historically provided and tailoring culturally responsive therapeutic interactions from mental health providers. These changes can reduce the barriers to this population receiving the mental health support to change its readiness for post-matriculation life and help to shift the type of input the world of academia has in this population’s future well-being. According to the systemic lens of Bronfenbrenner’s socio-ecological theory, when an individual ecological environment and the relationships within them shift then their growth and development can shift as well. Considering this, the WE program aims at shifting those ecological environments and relationships in the school setting in order to promote more positive outcomes for BIPOC students.

### *Goals, Objectives, Mission, and Values*

In addition to prevention, early intervention, and postintervention of mental health struggles for BIPOC students, the goals and objectives of the program training manual are to increase culturally responsive knowledge and practices for SBMH providers, who

can, in turn, educate stakeholders, provide culturally responsive services, and intervene and advocate for systemic changes. After accomplishing this mission, this training manual will have a secondary mission to strive for “equitable access to mental health services for BIPOC students to promote positive outcomes and prevent mental health disparities through cultivating wellness, prosocial engagement, and resiliency” (Malone et al, 2021). In addition, it has a vision that “strives for healthy transition[s] for BIPOC students.” The manual focuses on SBMH providers gaining the tools to create equitable access by supporting historically marginalized BIPOC student populations. It will provide the pedagogy for promoting the prevention of mental health disparities and understanding how to advocate for positive outcomes and resiliency. So that, ultimately, this population will have an improved state of wellness and a healthier transition into young adulthood.

### *Aim and Hypothesis*

The program training manual aims to create a robust therapeutic procedure and lens for SBMH professionals to foster equity, inclusion, and support, allowing for the individual differences and unique challenges that plague BIPOC students. More specifically, it will assist Black and Brown youth populations at pertinent developmental stages in the school setting, such as the adolescent secondary school years, to reduce pre- and post-matriculation negative outcomes. This school-based program will focus on BIPOC youth and include extensive programmatic evaluation to determine if and how it reduces negative outcomes for BIPOC youth in the seven synthesized areas identified in the literature.



The hypothesis is that a culturally responsive SBMH lens framed by a training manual will be able to reduce pre-matriculation negative outcomes in seven areas: (a) social and emotional functioning, (b) feelings of well-being, (c) academic success, (d) discipline events, (e) school engagement and inclusivity, (f) stress levels, and (g) therapeutic satisfaction based on the unique scores on the PHQ-9 and the GAD-7 (social and emotional), WHO-5 (Well-being), GPA (academic success), extant data (discipline), Sense of Community Index (school engagement and inclusivity), Session Rating scale-SRS (therapeutic satisfaction) and Perceived Stress Scale- PSS (stress levels) for BIPOC students.

### ***Inclusion and Exclusion Criteria***

The inclusion and exclusion criteria for eligibility to utilize the training manual are as follows. For the primary target population or the SBMH providers, individuals who work in a school-based setting and who are qualified to provide and/or oversee mental health services in this setting will be eligible to participate. Such individuals can include but are not limited to mental health therapists, school social workers, school psychologists, case managers, etc. Individuals who are not credentialed to provide or oversee SBMH services will be excluded. Regarding the secondary target population, all BIPOC students who can receive service through this culturally responsive SBMH model will be eligible to participate. Students who have more severe mental health needs are outside the scope of this manual and should be referred to another provider that has expertise in the area the student needs support in.

However, the techniques in this manual are able to augment other services if deemed appropriate by the SBMH provider utilizing this manual. Moreover, any student can benefit from the services this manual describes, but the manual user should practice utilizing this manual's services to fidelity with BIPOC student populations first before attempting to generalize its techniques to other diverse groups. For the tertiary target population, school-based stakeholders, manual recommendations should be given and be inclusive to any school-based stakeholder that is invested in the furtherance of supporting BIPOC youth in the school-setting. Individuals that are not connected to the school system should not be considered a stakeholder thus should be excluded from trying the recommendations from this manual. This manual is also meant to include school districts that have specific negative outcomes that BIPOC students are experiencing in their district that they want to mitigate. This inclusion criteria can be found by examining the extant data within your school district. Directions on how to do this can be found in the WE Program training manual. Districts should be excluded from utilizing this manual if they do not have the personnel needed to provide individual therapeutic services this manual describe

**Table 1: Logic Model**

Staysha Veal: **Culturally Responsive School-Based Mental Health Training Manual Logic Model**

Problem	Contributing Factors	Resources /Inputs	Program Activities	Process Outcomes	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes/impact/vision
The lack of formalized training and effective implementation of school-based mental health practices around culturally responsive school-based mental health services for BIPOC students	<p><b>Lack of robust training for school-based mental health providers</b> around therapies that are culturally responsive</p> <p><b>low levels of knowledge around the unique needs of communities of color, BIPOC and adolescents of color.</b></p> <p>Low levels of self-awareness with school-based stakeholders around their role in diversity, equity, and inclusion struggles with BIPOC students.</p> <p>Low levels of culturally responsive knowledge by school administrators, counselors, teachers, faculty, and staff about socio-cultural mental health</p>	<p><b>Training space:</b> (zoom, office, auditorium, meeting room).</p> <p><b>Funding</b> (i.e., event supplies, training staffing hours, training manual etc.</p> <p><b>Sufficient mental health providers</b></p> <p><b>PD recommendation on space</b> for school-based staff, faculty, administrators, other school-based stakeholders</p>	<p>Academic school Year Training Manual – Self-paced</p> <p>Recruitment of SBMH providers to be trained</p> <p><b>Chapter 1:</b> Pre-work-Focusing on self-as-the-therapist culturally Responsive work</p> <p><b>Chapter 2:</b> 14-session culturally responsive therapeutic model</p>	<p><b>When presented this manual 85%</b> of school Based mental health providers will complete this training manual education within the identified school district.</p> <p><b>After being trained in the manual 75%</b> of school Based mental health providers will have implemented the manual with their Districts BIPOC population– pre-work, 14-session model, and school-based stakeholder recommendations</p> <p><b>After CR-SBMH have been trained 75%</b> of stakeholders (teachers, administrators, student trusted</p>	<p><b>Increase in number of therapists trained specifically in culturally responsive school-based therapy.</b></p> <p><b>Increase in number school-based stakeholders given recommendations on culturally sensitive practices</b></p> <p><b>Increase in BIPOC student mental health awareness &amp; struggles impacting school success.</b></p> <p><b>Increase in BIPOC students receiving culturally responsive mental health</b></p>	<p><b>Increase in number of SBMH providers therapists utilizing culturally responsive therapeutic practices</b></p> <p><b>Increase utilization of culturally sensitive practices from school-based stakeholders based on recommendations.</b></p> <p><b>Increase in appropriate school prevention, intervention, maintenance strategies for BIPOC students.</b></p> <p><b>Increase appropriate BIPOC student identification &amp; referrals.</b></p> <p><b>Decrease in number of inappropriate and or biased interventions towards BIPOC students</b></p>	<p><b>Reduction in number of BIPOC student disciplinary actions &amp; increase of mental health services referrals</b></p> <p><b>Increase in BIPOC student utilization of campus mental health services</b></p> <p><b>Increase of positive mental health discourse on campus by BIPOC students &amp; staff</b></p> <p><b>Increase of school mental health providers self-report of competence around providing culturally responsive mental health support</b></p> <p><b>Increase of culturally appropriate practices on campus by school staff</b></p>

**Table 1:** (continued)

Staysha Veal: **Culturally Responsive School-Based Mental Health Training Manual Logic Model**

	No formalized recommendations of intervention procedure around mental health service support before discipline practices towards BIPOC students.		<p><b>Chapter 3:</b> School-based stakeholder recommendations for culturally responsive school-culture</p> <p>Evaluation of training manual efficacy after full implementation</p>	<p>adults) will have been given recommendations on how to build a culturally responsive school culture that supports BIPOC mental health</p> <p><b>After CR-SBMH have been trained 65% of BIPOC youth will have a MH intervention conducted before disciplinary action and or a negative outcome</b></p>	services and school support services	Decrease in mental health stigma in BIPOC student populations	Increase of BIPOC student self-report of feelings of social & emotional support.
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## **Manual Design**

### ***General Design***

The program training manual will have three focal areas, giving SBMH providers culturally responsive tools for a full academic school year (Summer, Fall, and Spring) to serve BIPOC students wholistically. School districts will be able to purchase the manual for their SBMH providers, which can include all mental health leaders (managers, clinical supervisors, directors, etc.), SBMH providers such as counselors and clinicians, school-based social workers, school psychologists, SBMH case managers, etc. Each manual will contain sufficient information for clinicians to learn culturally responsive interventions and implement culturally responsive recommendations either independently or as a group. The manual will describe the unique roles that school-based therapists play in the school setting; based on their expertise and training in promoting systemic change. It will provide descriptions for advocates, counselors, interventionists, therapists, psycho-educators, activists, trainers, researchers, assessors, consultants, policy shifters, etc.). Moreover, the manual will support SBMH providers in understanding their schools' unique Community Extant Data, consisting of qualitative, quantitative, and experiential data that emerges in schools around their BIPOC and diverse populations (Safir & Dugan, 2021). The Community Extant Data may encompass rates of racially motivated incidents on campus, punitive discipline occurrences, BIPOC student needs and engagement in services, the efficacy of services, student surveys or reports, demographic information, etc. It may also help determine whether student support should pivot to broader community (Table 2). This is followed by three different focal areas from (a)

culturally responsive SBMH provider “Prewrite, (b) culturally responsive student client work which encompasses a 16-session model, and (c) culturally responsive systemic school recommendations. Furthermore, these recommendations will encompass material on providing professional development for stakeholders and how to integrate this into the school setting in a culturally responsive way. Although this program focuses on the paradigms plaguing Black, Brown, and other BIPOC students, this sociocultural pedagogy can be generalized to all the populations on school campuses to ensure all are appropriately supported based on their unique differences and needs (see Table 2).

**Table 2** Manual Design

Population of Focus	Unit	Theme Focal Area	Description
Target population—culturally responsive SBMH providers	1	Culturally responsive SBMH provider Prework – <b>“Education”</b>	Self-assessment, culturally responsive definitions and language, and community extant data
Secondary population—BIPOC students	2	Culturally responsive student client work – <b>“Implementation”</b>	16-session model
Tertiary population—SB Stakeholders	3	Culturally responsive systemic school recommendations – <b>“Globalization”</b>	Culturally responsive school recommendations
Evaluation Plan	*	Program efficacy	Each population of focus will take a series of pre and posttests to determine both efficacy and needed pivots

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### ***Pre-Work (Unit 1) – Education***

The program training manual will start with Unit 1: Prework. This unit will focus on the manual's primary population, SBMH providers. This unit will aim to ensure that each provider has the foundational knowledge and awareness of how to be a culturally responsive school-based counselor. The prework will consist of three 2-hour topic discussion meetings in which those within the district who will use the training manual will meet and hold free association discussions. The prework meetings will take place during the summer months before the academic school year starts. Topic Discussion Meeting 1 will encompass the providers taking a values and bias assessment and discussing the results. This will support the providers' exploration of their own sociocultural status and how to (possibly) introduce it during client discussions. Topic Discussion Meeting 2 will contain space for manual users to learn the culturally responsive language and definitions and to discuss them with each other. Topic Discussion Meeting 3 will involve a discussion of their districts' community extant data. These data will consist of the state of the BIPOC students within their school setting. These data will come from their school districts' local school databases (special education systems, admissions and records systems, schoolwide panorama surveys, deans' lists, etc.). Each topic meeting is designed to create awareness of self as a therapist, which allows for the exploration of one's own culture and possible biases, learning about common culturally responsive language according to the literature, and then becoming aware of the level of needs of BIPOC students in their school setting, thus supporting strategic planning for the rest of the school year (Table 3).



**Table 3** Unit 1: Prework

Session #	Timeframe	Topic Discussion
Prework Session 1	2 hours	Awareness assessment—Values and biases
Prework Session 2	2 hours	Culturally responsive language and definitions
Prework Session 3	2 hours	Community Extant Data

***Culturally Relevant Student Client Work 16 Session Model (Unit 2)-Implementation***

Unit 2 of the program training manual will start with Focal Area 2, which encompasses culturally responsive student client work. This area will utilize the MTSS model. Tier 1 services will include equitable drop-in counseling, assessment meetings, and culturally responsive social and emotional learning activities for the classroom settings. Tier 2 services will include culturally sensitive student groups and check-in and check-out meetings with students identified as having mental health needs through a culturally responsive assessment identification system. Tier 3 services will include 16 sessions of culturally responsive mental health therapy. In this area, culturally responsive clinicians can ensure that BIPOC students are exposed to culturally appropriate therapeutic interventions as well as has access to equitable mental health support rather than disciplinary practices throughout all three MTSS tiers.

More specifically, the 16-session model will provide an assessment session for BIPOC students who need therapeutic support, followed by 14 core sessions and a closing session. The manual will describe the purpose, goals, and tasks within each session. It is designed as a guideline and to complement each provider’s unique therapeutic style by adding the CBT and strength-based interventions with a culturally responsive focus. Within culturally responsive student client work, ongoing monthly hour-long consultation groups called “Pods” between training manual users are strongly

encouraged throughout the school year. The consultations will consist of 10 groups once a month over 10 academic school months (August through May), equaling 10 consultation hours. Within each consultation group, discussions will include a mixture of peer support on interventions, recommendation implementations, and assessment of pre-, mid-, and post-extant community data (Table 4).

**Table 4** Unit 2: Culturally Responsive Student Client Work

Session #	Session Theme	Timeframe	Description	Peripheral Work (Ongoing)
0	Pre-Groundwork	30–50 min.	Engaging student and family – orienting the client around CR work  Conducting cultural framework interview	○ Advocate, Collaborator, Resource Finder
1	Groundwork: Pre-Evaluation Scales	30–50 min.	Diagnostic interview/Gaining a baseline snapshot of BIPOC students’ social and emotional functioning in the 7 areas of negative outcomes	○ Case Manager
2	Groundwork: Culturally Responsive Mini-Functional Assessment (CRMFA)	30–50 min.	Gaining a wholistic baseline functioning of BIPOC students’ sociocultural context. Understanding clients’ historical context, experiences, culture, and identity; bringing self as the therapist into the room	○ Case management, Advocate, Supporter, Ally, Policy Evaluator
3	Groundwork: Personhood Introduction	30–50 min.	Understanding client’s self-identification for rapport building and mutual respect interactions	○ Advocacy, Coach  ○ Advocate, Trusted Adult
4-5	Groundwork: Cultural Empowerment	30–50 min.	Identity recognition and empowerment	○ Advocacy, Trusted Adult, Co-producer, Collaborator, Ally, Researcher, Resource Finder, Case Manager
6	Groundwork: Sociocultural Interconnection, Support Identification, and Goal Setting	30–50 min.	Making cultural connections between the past and present for personal and social change. Creating therapeutic goals based off of culturally aware discussions	

<b>Table 4</b> (Continued)				
7-9	Synchronous work: Culturally Responsive Strength Recognition	30–50 min.	Highlighting all the strengths identified. Connecting cultural awareness and how to utilize it to reach goals	<ul style="list-style-type: none"> <li>○ Advocacy, Co-Producer, Researcher, Investigator</li> </ul>
10-12	Synchronous work: Culturally Intuitive Cognitive Restructuring and Family Engagement	30–50 min.	Supporting cognitive change with a culturally empowering backdrop around any cognitive distortions. Engaging a familial unit to widen a support network	<ul style="list-style-type: none"> <li>○ Advocacy, Researcher, Investigator, Case Manager, Resource Finder</li> </ul>
13-14	Synchronous work: Bicultural Competence Enlargement	30–50 min.	Therapeutic discussions on how to draw on all aspects of their cultural identities	<ul style="list-style-type: none"> <li>○ Advocacy, Researcher, Investigator, Coach</li> </ul>
15	Synchronous work: Decolonizing Colonistic and Eurocentric Thinking	30–50 min.	Challenging integrated Eurocentric thinking that has led to internal barriers, negative paradigm and outcomes	<ul style="list-style-type: none"> <li>○ Guiding, Coaching, Investigator</li> </ul>
16	Synchronous work: Reclaiming Cultural Opulence and Termination	30–50 min.	Cultural celebration and liberation of self through strength recognition and deconstruction of negative thoughts. Session summarization and conclusion	<ul style="list-style-type: none"> <li>○ Advocacy, Coaching, Collaboration, Allyship, Case Manager, Resource Finder</li> </ul>
* Extra Session	Synchronous work: Post-Groundwork	30–50 min.	Reconnection and support check-in	<ul style="list-style-type: none"> <li>○ Advocacy, Coaching, Collaboration, Allyship, Case Manager, Resource Finder</li> </ul>

### ***Culturally Responsive Systemic School Recommendations (Unit 3)***

The program training manual will then recommend five ways culturally responsive SBMH therapists can integrate their knowledge based on the roles they can play in the school setting. Recommendation 1 will cover suggestions for staff and faculty.

This recommendation relies on the expertise of the mental health providers to deliver professional development activities to this group of school-based stakeholders and teach them to perform in a culturally responsive and sensitive manner within their capacity.

These activities can include topics exploring culturally responsive vocabulary, responses, evaluating reactions, etc. They can support stakeholders in recognizing biases when assessing student behaviors in the classroom setting and utilize mental health providers as an intervention rather than turning to punishments. Such stakeholders can include the school dean, administrators (principals and assistant principals), staff (aids, coaches, and other trusted adults), and Faculty (teachers). Training topics will include, but not be limited to, implicit bias, antiracism, intersectionality between education and race, the impacts of pro-racist ideology on BIPOC students, and other culturally relevant pedagogy. In this area, culturally responsive mental health providers can cultivate an environment that allows for corrective experiences for BIPOC students tailored to their unique differences and initiate culturally appropriate interactions and responses.

Recommendation 2 will cover various student-centered activities that can aim to highlight mental health in a way that can lessen stigma. These may include supporting students in understanding the impacts of racialized incidents on mental health.

Recommendation 3 will cover the types of mental health parent outreach available for diverse cultural families. Recommendation 3 will discuss how SBMH providers can integrate families and Guardians so they can come along the culturally responsive journey as well as be a part of their students support network Recommendation 4 and 5 encompass activities that support school culture shifts the utilization of activities and assessments/surveys for student feedback and evidence of efficacy.

These recommendations may also include alternatives to addressing racialized incidents on campus in ways that cultivate restorative practices and healing. They will again lean on the expertise of the culturally responsive clinicians to provide consultation services during any significant school-based formal intervention processes. Such formal intervention processes include, but are not limited to, individual education plan assessments and meetings, 504 plan meetings, discipline meetings, educational meetings, crisis interventions and postventions, racially motivated postventions, etc. Consultation services include attending meetings, providing culturally responsive expertise for assessments, implementing the phases of the interventions, and providing therapeutic support for students in the intervention process. At this point, culturally responsive mental health providers can support systemic shifts in handling racially motivated incidents, the impact of interventions, and the types of interventions and services offered to this population in the school setting.

Overall, the Culturally Responsive Systemic School Recommendations section of the program training manual will revolve around how school districts' mental health providers can wholistically provide culturally responsive wraparound services to BIPOC students in the school setting that stretches beyond the therapy room. For best results, each of the five recommendations should be implemented (to some degree) throughout the school year. The implementation is, of course, based on the school district's timeframe and capacity.

## **Training Manual Evaluation Plan**

Many factors contribute to the effectiveness of a training curriculum or its ability to do what it says it can do. Factors include showing effectiveness, or its ability to produce real-world results, being evidence-based, and supporting the areas it claims to support (Vaccine Alliance, 2021). High levels of reliability and validity in the manual are pertinent for clients. Moreover, the program training manual needs to show effectiveness throughout the process of implementation within BIPOC student populations.

Because this training manual will be designed to increase culturally responsive knowledge within the primary population (SBMH providers) and lessen pre-matriculation negative outcomes for the secondary population (BIPOC students) —includes an evaluation plan to analyze the impact of this therapeutic model. The school-based therapeutic model has a culturally responsive lens and employs a mixed-methods pre-and post-evaluation plan. A mixed methodology evaluation plan amalgamates multiple evaluation methods throughout the evaluation process. Within this mixed methodology, we will implement the plan and extract qualitative, quantitative, and extant data. The qualitative data will enable us to capture anecdotal narratives from the primary and secondary target populations to determine their perspectives, qualities, feelings, and presentiments about the training manual’s effectiveness (i.e., real-world application). The quantitative data will enable us to capture quantifiable statistical information about our training manual’s curriculum regarding mental health progression or regression within the BIPOC student’s community. Last, extant data will enable the program to gain existing information on the school community and BIPOC students’ mental health-related activities and may also reveal whether the curriculum is helping.

### ***Primary Population***

Within this evaluation design, each consultation group meeting with the primary population of providers will involve a short narrative questionnaire called the “SBMH Provider Narrative Free Association Feedback Questionnaire”. This tool allows providers to express their feelings of readiness and knowledge about providing culturally responsive services in the school setting. In addition SBMH providers will also engage in a pre and post survey called the “SBMH Provider Survey” as well as a series of fidelity check-point questions at the end of each manual unit.

### ***Secondary Population***

The secondary target population of BIPOC students will take a series of pre-and post-tests, encompassing the seven areas of negative outcomes from the literature and offering a chance to relay anecdotal information about their experiences and services. Area 1 will measure students’ *social and emotional functioning* through the PHQ-9 (depression) and the GAD-7 (anxiety). Area 2 will measure *feelings of well-being* through the WHO-5. Areas 3 and 4 will measure *academic functioning* and *disciplinary events* through the extant school data. Area 5 will measure *mental health treatment satisfaction* through the Session Rating Scale. Area 6 will measure *stress levels* through the Stress Scale. Area 7 will measure *therapeutic satisfaction* through the Session Rating Scale. Last, secondary population members will be able to relay any outstanding thoughts about the services they are receiving through a qualitative questionnaire. Each measurement time (pre, during, and post), individual clients will answer 39 questions drawn from all the scales. Extant data, or the information gathered from the school site,



will be collected at the same three time points as the client evaluation sessions. These data will be gathered autonomously from clients after the proper consents have been signed and received. Overall, data from each of these areas: qualitative data, quantitative data, and extant data, will be taken at three different timeline points, which will be pretreatment, during treatment, and posttreatment, to determine levels of efficacy and impact. These three distinct data and timeline points will enable the SBMH providers to pivot and adjust throughout the process and inform future program planning. Table 5 shows the evaluation plan.

**Table 5** Evaluation Plan

Phase	Scales	Time Given	Population	Implementor
Phase 1	All seven scales and qualitative question	Assessment session	Secondary population	Culturally responsive SBMH provider
Phase 2	All seven scales and qualitative question	Session 6	Secondary population	Culturally responsive SBMH provider
Phase 3	All seven scales and qualitative question	Session 14	Secondary population	Culturally responsive SBMH provider
Academic year	Free association feedback	During consultation sessions	Primary population	Culturally responsive SBMH provider

### *Tertiary Population*

The tertiary population which encompasses school-based stakeholders will take two evaluation tools. The first tool is a pre and post survey called “SB-Stakeholder Questionnaire” which will help gauge the perspectives, feelings, and experiences of stakeholders throughout the manual implementation process. The second tool is the

“Administrator Survey” which is also given in a pre and post timeline. This tool is specifically designed for school administrators and can support the SBMH providers in understanding the programs impact on the culturally responsive lens of their schools leadership team.

**CHAPTER FIVE**  
**PROJECT OUTCOME**

**WE Program**  
Achieving BIPOC Excellence through Wholistic and Integrative Culturally Responsive School-Based Mental Health Training Manual

**Believe**

**Develop**

**Engage**

By  
**Staysha M. Veal**  
Loma Linda University

**Wholistic Expressions**  
Therapeutic Services

**WE Program**  
Achieving BIPOC  
Excellence through Wholistic  
and Integrative Culturally  
Responsive School-Based  
Mental Health Training Manual



# What We Believe

We.....



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This author would like to thank the multiple individuals and organizations that supported the findings and execution of this work. This manual is a product of my passion for equity and diversity as well as my desire to increase the knowledge, availability, and quality of mental health services in school settings to both attract and support BIPOC youth and their unique and ubiquitous struggles. My mentors and colleagues were instrumental through their encouragement and feedback. I would like to give special thanks to the following individuals: Terrance Fulton and Dr. Camille Salter (Mentor and Field Experts), VCS Inc (Editors and Expert Consultants), DeAndre Thompson (Graphic Designer), and a whole host of other individuals who have prompted major equity discourse in the field through their writings, such as *StreetData* by Shane Safire and Jamila Dugan, *Culturally Responsive Teaching and the Brain* by Zaretta Hammond, *How to be An Antiracist* by Ibram X. Kindi, *Culturally Responsive Cognitive-Behavioral Therapy* by Pamela Hays PHD and Gayle Iwamasa PHD, etc.

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## ABOUT THE AUTHOR

I am a multi-cultural and wholistic focused Licensed Marriage and Family Therapist that has a concentration in diversity, equity and culturally responsive therapies that support a wide variety of groups of people. I am also a doctoral candidate in Marriage and Family Therapy that looks at challenges and strengths through a systemic lens. I am passionate about supporting the whole-self and value therapies that are tailored to the essence of each person and their individual differences. I have worked with youth in the school setting for over 10 years. In my work I have seen students thrive as well as decline due to the lack of support and responsiveness to their unique struggles. Looking at the differences between groups of students that thrive and those that do not, I am often brought back to my own life's testimony.

I myself was a youth with great challenges. Being a young girl that was biracial, I often did not get the luxury to choose my status as a person of color. Looking at our nation's history, the "one drop rule" often plagued my life as I know it did others. I heard messages in the school setting that made me doubt my abilities and made me question if I was capable. I wrestled with seeing those that identified as white thrive and be supported when struggled and those that look like me flounder and be targeted and punished harshly for doing typical adolescent behaviors without support. I was one of those children floundering. No one ever asked me why I was behaving the way I was when I would do something unhealthy. No one looked at my background or ever took the time to get to know my personal story. The staff and faculty often dismissed me as being a "delinquent", oppositional, and or a defiant child that would just be another "statistic". Due to those implicit, and at times explicit, projected perceptions of me, I integrated those messages about myself resulting in me being expelled from my first high school and barely graduating from my second high school. I struggled with many forms of internalized racism and wished I was someone else.

As a mental health professional that works with youth in school systems, I often look back and wonder where was my mental health support? Where were was the staff and faculty that could have noticed my challenges and provided an early intervention? Why was I treated so harshly for my missteps? Even those that did try and "support", they often performed what I now know were microaggressions in the process which then created doubts in my mind in their ability to help my unique struggles. I only began to thrive when individuals that looked like me and or understood my sociocultural background started to enter in my life and provide true empathy, validation, and normalization. They highlighted my strengths and supported my growing edges. They advocated for me and put in the extra work to not only to help with the healing of my mental state but also provided action towards supporting my basic needs.

I know now that my schools growing up were not unique but were one of many in our nation that are structured and modeled in the same way that ends up perpetuating disparities that lead to negative outcomes for our minority/ BIPOC youth. I could have been a static but wasn't because of those culturally responsive individuals in my life that embraced and supported me during many pertinent times in my education!

## INTRODUCTION

### Manual Description

The WE Program is a year-long program intended for grades 6-12 and for school districts to utilize with their school-based mental health professionals (SBMHP) in their current mental health programs. Even though the research indicates culturally responsive mental health supports are needed even in earlier years (i.e., TK-5), this current manual curriculum is specifically designed for the adolescent developmental stage in intermediate and secondary school. With further research, sister manuals to this one can be created to target younger BIPOC students during their primary school age years.

This manual is meant to be rolled out district-wide and will need to be adapted to serve the needs of each individual school district's distinctive Black Indigenous People of Color (BIPOC) student population composition and mental health resources that are available to them (i.e., the amount of mental health professionals in the district). As an individual and or a collective group, each SBMHP can pick up this manual and follow its program to enhance and supplement the ways they service and provide treatment to student populations that is more culturally responsive and inclusive of BIPOC students. The manual is not meant to replace a school district's mental health program, but to augment already existing services. The manual describes a wholistic wrap-around approach suitable for a school setting, with key interventions, strategies, and recommendations to increase cultural responsiveness for BIPOC students as well as other sensitive student populations. This manual also aims to decrease negative outcomes occurring for these students, all the while increasing school-based mental health (SBMH) utilization and satisfaction. Although this population has been shown to have negative experiences outside of the school setting due to being part of a minority community, the specific discrimination that occurs within the school setting impacts these students exponentially and extends to adulthood.

This program encompasses three units and an evaluation plan. Each unit should be implemented in numerical order meaning unit one should be done first followed by unit two and three. Units include a mental health provider "Pre-Work - *Education*" (Unit 1), a "16-Session culturally responsive therapeutic model - *Implementation*" (Unit 2), and guidance on how mental health providers can support school wide systemic change through "Stakeholder Recommendations and initiatives - *Globalization*" (Unit 3). The last component of this manual encompasses a systematic "*Evaluation Plan*" to determine program efficacy within your unique district and to ascertain whether any pivots are needed. The following information is a pertinent synopsis of both the nature and underpinning of this program, which will help manual recipients better understand the backdrop and the "*why*" behind each unit.



Manual Design				
Population of Focus	Unit	Theme Focal Area	Unit Components	Description
Target population—culturally responsive SBMH providers	1	Culturally responsive SBMH provider Pre-Work – Education	<ul style="list-style-type: none"> <li>▪ Assessments</li> <li>▪ Large/Small Collaborative Groups</li> <li>▪ Check- Point Fidelity Tool</li> </ul>	Self-assessment, culturally responsive definitions and language, and community data
Secondary population—BIPOC students	2	Culturally responsive student client work – Implementation	<ul style="list-style-type: none"> <li>▪ Weekly session materials</li> <li>▪ Monthly Pods</li> <li>▪ Check- Point Fidelity Tool</li> </ul>	16-Session model
Tertiary population—SB Stakeholders	3	Culturally responsive systemic school recommendations – Globalization	<ul style="list-style-type: none"> <li>▪ Stakeholder and student, initiatives, workshops, and activities</li> <li>▪ Check- Point Fidelity Tool</li> </ul>	Culturally responsive school recommendations
Evaluation Plan	*	Program efficacy	<ul style="list-style-type: none"> <li>▪ Pre &amp; Post Tests</li> </ul>	Each population of focus will take a series of pre and posttests to determine both efficacy and needed pivots

### Agreement and Readiness Contract

Prior to participating in this program, *it is important for both leadership and general participants to recognize if they feel ready to participate.* In addition, there are both benefits and minimal risks in such participation and each individual would need to make a choice to participate in spite of those risks.

*Minimal Risks*, surrounds the low probability of harm or discomfort anticipated in the proposed activity, which is not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine activities. In the case of this manual minimal risks may include psychological discomfort in the form of a production of negative affective states such as mental stress, guilt, shock, etc. All of these states are ones that may commonly arise when individuals are actively learning new material that maybe foreign and or challenge their own perspectives of the world around them. With this material, learning about race, equity, and inequalities may produce challenging feelings. Other *potential risks* may include experiencing tension or clashes of opinions with fellow colleagues. Please utilize your small groups and Pods for consultation and support when needed (Assessing Risks and Benefits, 2021).

In contrast, *Benefits* for utilizing this manual may include, but are not limited to, an increase in awareness and knowledge in cultural responsivity, helping others in your sphere of influence with their awareness and knowledge in cultural responsivity, increasing access and equity to your school's student body, as well as create equitable positive changes in your larger surrounding school community (Assessing Risks and Benefits, 2021).

Based on your manual participant identification (manual leader or SBMHP), please complete this short **Agreement and Readiness Self-Assessment Questionnaire**. In order to move on, you should be able to answer "YES" to all presented questions. Once you deem yourself to be ready to participate in this manuals program please sign and date at the end.

#### SBMH Provider Agreement and Readiness Self-Assessment Questionnaire

*Instructions: After each question, circle YES or NO if that statement is true for you. If you identify as a leader in helping implement this manual please take both questionnaires and if you are a SBMH provider please take the SBMH Provider Agreement and Readiness Self-Assessment Questionnaire only.*

1. I understand that this material may be challenging, but I feel like I am ready for the challenge as well as feel that the benefits of participating outweigh the risks? YES or NO
2. No matter what my current knowledge base is around cultural responsiveness, diversity, equity, inclusion, and or antiracism, I am open to learning and growing in this area, becoming aware of my own biases and am willing to acknowledge and confront them. YES or NO
3. I am ready to support others in seeing their biases and am ready to take action with care based on my learned knowledge in an appropriate way to create change when inequities are noticed. YES or NO
4. If there are any activities and or areas in this manual that I am unsure I am able to perform without causing harm to a student and or anyone else and this activity or area is outside of my scope of practice, I will immediately ask for help, defer to someone with more expertise and will cease with my own implementation until leadership and myself are confident that I can implement without harm. YES or NO
5. I will actively stay aware of my own biases when they arise in this process and am willing to take feedback on how to shift them, so they are not negatively impacting others. YES or NO

**Manual Leadership Agreement and Readiness Self-Assessment Questionnaire**

*As an individual in a leadership role, it is important to recognize if you feel ready and prepared to oversee the implementation of this program.*

1. I have looked over ALL of the materials in this manual (Unit 1-3), have completed all of the unit exercises in the Pre-Work section, and have utilized this manual's "help line" for areas I did not understand or need help in prior to initiating my role as a manual leader? YES or NO
2. I have the space and capacity to both support myself and others in their culturally responsive journey and in utilizing this manual to fidelity? YES or NO
3. No matter what my role is in the school district, I understand that as a leader in supporting the implementation of this manual I am not an "expert" or a "judge" over others' experiences but am a "guide" that is simultaneously a "learner" and a "helper" of the culturally responsive process within my school district based off the education in this manual. YES or NO

**Manual Agreement**

- ❖ I agree and am committed to working this program to fidelity. Initial \_\_\_\_\_
- ❖ I agree that I have answered "YES" to all of the questions that are applicable to my identified role, am aware of what it takes to support this work, will stop if at any time I do not feel like I know what I am doing and may cause harm, and will reach out to the appropriate people and/or will consult with other colleagues and utilize the manual "help line" when needed. Initial \_\_\_\_\_
- ❖ I am aware and understand that the information in this manual is not exhaustive and is just a starting point in my culturally responsive journey. Considering this, I agree to expand my knowledge in this area by doing my own research when needed. Initial \_\_\_\_\_

SBMH Provider Printed Name: \_\_\_\_\_

SBMH Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manual Leader Printed Name: \_\_\_\_\_

Manual Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

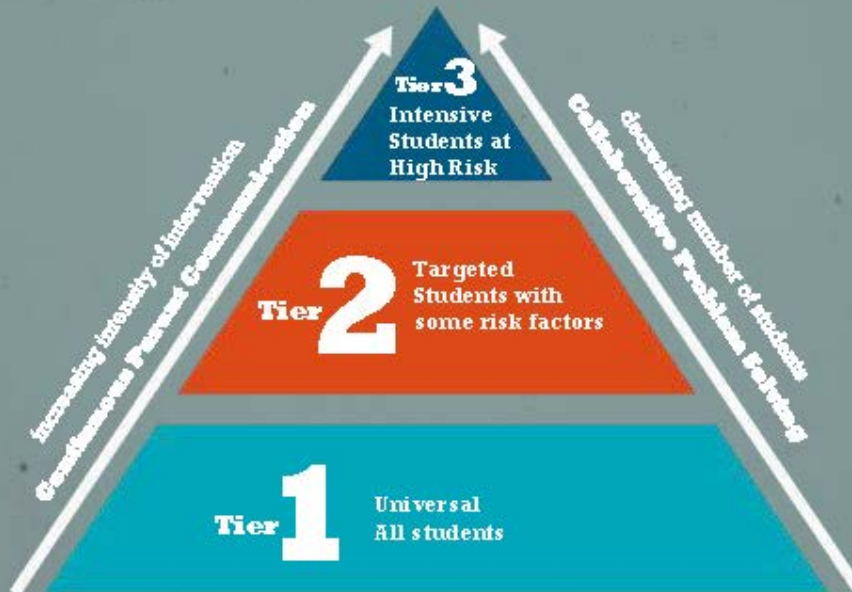
**Manual Helpline:**

## WE PROGRAM

### Core Foundational Work and Pedagogy

*CORE CONCEPT: Multi-Tiered System of Support (MTSS):* MTSS focuses on student instruction, differentiated and student-centered learning, and various other student needs in academics, behavioral, and social and emotional functioning. This framework usually has three different tiers centering on the level of intensity that is needed for individual students.

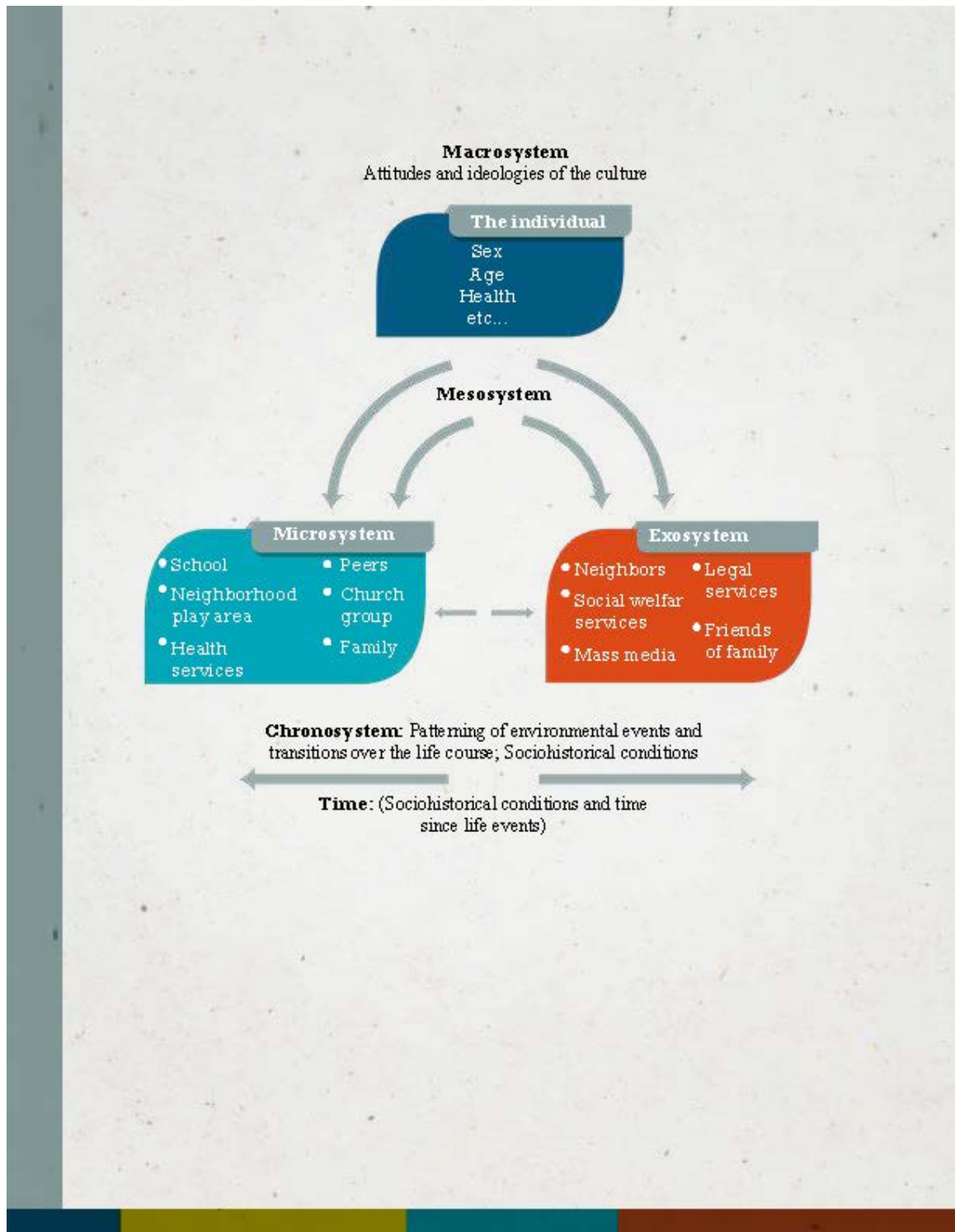
- *Tier 1 services:* Will include equitable drop-in counseling, assessment meetings, and culturally responsive social and emotional learning activities for classroom settings.
- *Tier 2 services:* Will include culturally sensitive student groups and check-in and check-out meetings with students identified as having mental health needs through a culturally responsive assessment identification system.
- *Tier 3 services:* Will include 16 Sessions of culturally responsive mental health Sessions along with continual parent/guardian/family communication in order for better BIPOC student support.



**Figure 1:** Multi-Tiered System of Supports (MTSS) Model

*CORE CONCEPT: Bronfenbrenner's Socio-Ecological Theory:*

- o *Theory:* Bronfenbrenner's socio-ecological theory views children's development through a systemic lens. It suggests that children's development is impacted by various relationships that occur within different levels of their surrounding environment. The multiple layers of their environments impact them, from their immediate settings such as school, home, family, peers, etc. to their broader environmental settings such as the society they reside in, their cultural beliefs and influences, the laws governing their environment, as well as their customs, values, etc. (Guy-Evans, 2020).
  - *Microsystem:* This layer encompasses things that have direct contact with the youth/ student in their immediate environment, such as parents, siblings, teachers and school peers.
  - *Mesocosystem:* This layer encompasses interactions between the child's microsystems, such as the interactions between the child's parents and teachers, or between school peers and siblings.
  - *Exosystem:* This layer encompasses implicit/explicit and formal/informal social structures, which do not themselves contain the youth/student, but indirectly influence them.
  - *Macrosystem:* This layer encompasses cultural elements affect the youth/student's development, such as socioeconomic status, wealth, poverty, and ethnicity.
  - *Chronosystem:* This layer encompasses environmental changes that occur over the lifetime which influence development, including major life transitions, and historical events.
- o *Application:* For BIPOC students, direct experiences and relationships including those with their school-based stakeholders are within the microlevel layer. The racialized interactions impact their sense of self and all other interactions after they leave the school setting (matriculation). So, when they are experiencing consistent adverse events during a time when they are supposed to be hitting major milestones and making leaps and bounds within their microsystem, this can impact their interactions with other subsystems:
  - *Microsystem:* First and pertinent layer: decreased motivation in school.
  - *Mesocosystem:* Disruption of relationships between areas in the microsystem
  - *Exosystem:* Learned helplessness and/or illegal activity
  - *Macrosystem:* Mistrust in society and or support systems
  - *Chronosystem:* Mental health trauma involved with connecting early childhood experiences and historical discriminations as well as current community discrimination (i.e., George Floyd)

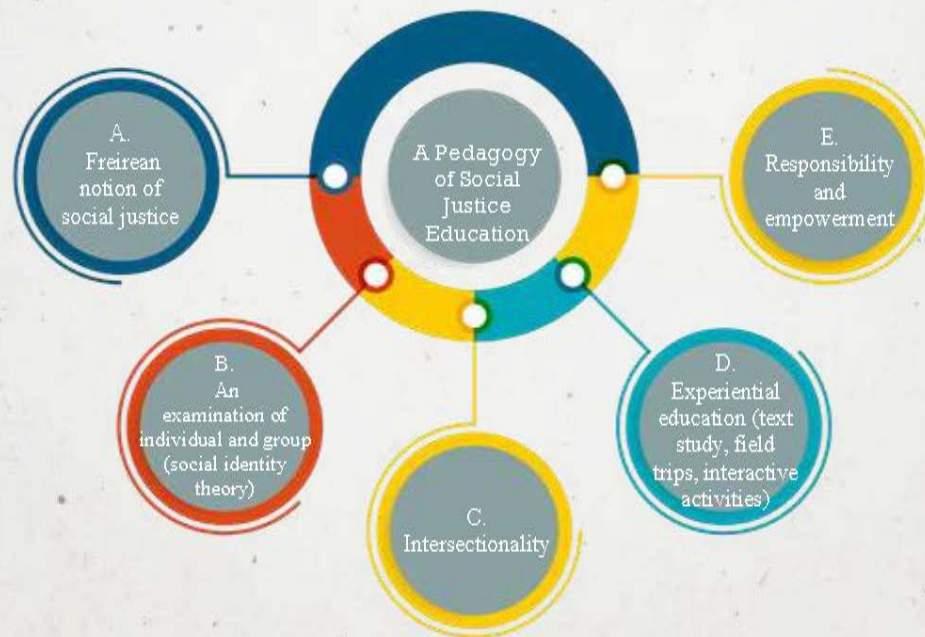


**Figure 2:** Bronfenbrenner Socioecological Model



**CORE CONCEPT: Social Justice Theory:**

- *Theory:* Social justice theory covers the notions of fairness and an equitable distribution of power, privilege, equity, equality, resources, etc. regardless of race, ethnicity, age, gender identification, ability status, sexual orientation, and/or religious/spiritual belief or affiliation. Major components and guiding principles within this framework are inclusion, collaboration, cooperation, equal access, and equal opportunities. With this in mind, many scholars have found a crucial connection between social justice and the positive health and wellbeing of individuals from cradle to grave (CSU Channel Islands, n.d.).
- *Application:* According to some leading scholars, the education system still actively embodies and manifests dynamics such as oppression, privilege, and isms while exhibiting long-standing socially constructed categories and narratives around race, gender, ability, and sexual orientation. This systemic way of being in the school systems is a byproduct of historically rooted and societally sanctioned schemas about the surrounding world that promote White superiority. Such occurrences have dictated and still dictate systemic policies, practices, and procedures within schools that cause disparities for BIPOC students (Hahn Tapper, 2013).



This shows the diverse components that make up this pedagogical form of social justice. Each section is layered on another, beginning with A and then moving clockwise (Hahn Tapper, 2013).

**Figure 3:** Social Justice Model

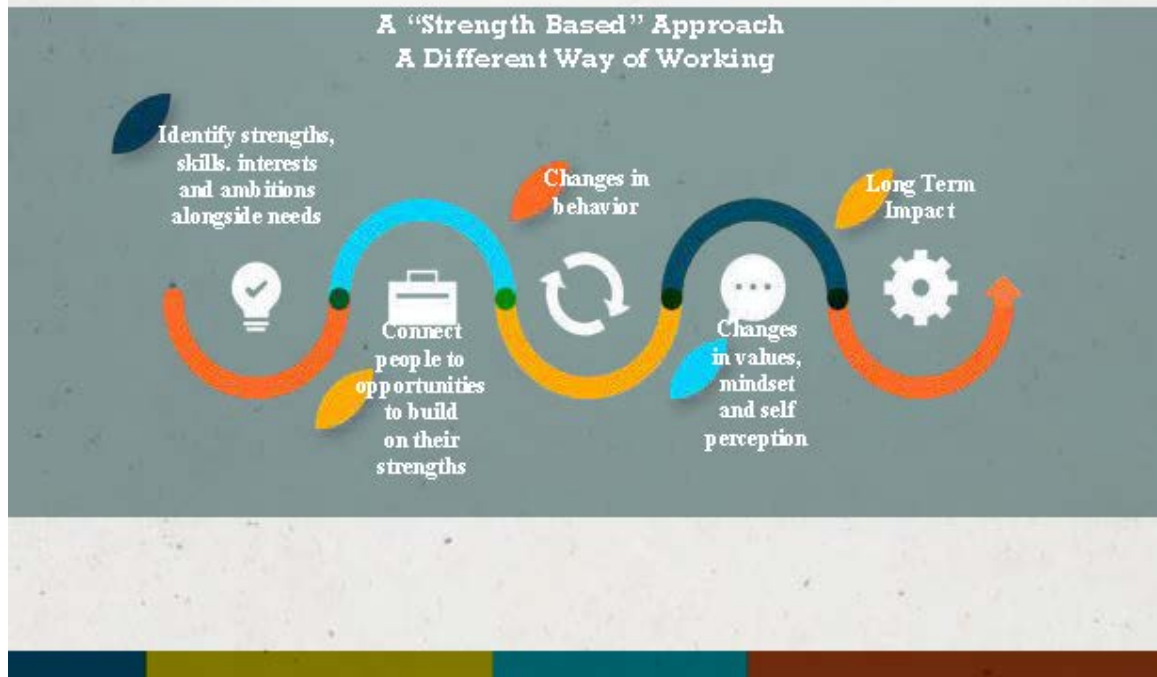
*CORE CONCEPT: Culturally Responsive Strength-Based Approach (CR-SBT):*

- o *Intervention:* The combination of a strength-based approach with multiculturalism and/or multicultural counseling. This values capacity, skills, knowledge, connection, and potential in each individual and community. This value puts an emphasis on the individual needs of a community. It is a collaborative process between the person supported by the services and those supporting them. It focuses on their strengths and how they can utilize their strengths to achieve goals, overcome obstacles, process struggles, advocate for needs, etc. It utilizes goal orientation, strength assessments, resources from the environment, strength identification, and the relationship for healing. A strength-based approach values and focuses on increasing capacity, building knowledge, creating connections, developing skills, and highlighting potential in individuals and their communities to improve social and emotional functioning by improving social networks and enhancing wellbeing (Jones- Smith, 2019).
- o *Application:* Focuses on the recognition and inclusion of relevant cultural factors during the therapeutic process. Holds the belief that one's culture should not be judged by the standards of another culture and that each culture has intrinsic value that should be appreciated by its differences. This can bring forth awareness of the therapists' own cultural biases, knowledge of their clients' cultures and worldviews, and strategies that are unique to their clients and are culturally appropriate (Hammond, 2010).

*9 Strength-Based Principles (Hammond, 2010):*

1. An absolute belief that every person has potential, and it is their unique strengths and capabilities that will determine their evolving story as well as define who they are not their limitations.
  - **Application:** Recognizing the students, their families, and the stake- holders' strengths and capacities to learn, change, and grow
2. What we focus on becomes one's reality – focus on strength, not labels seeing challenges as capacity fostering (not something to avoid) creates hope and optimism.
  - **Application:** Focusing on the students, their families, and stakeholders' awareness of current knowledge and actions around diversity
3. The language we use creates our reality – both for the care providers and the children, youth and their families.
  - **Application:** Altering the language that stakeholders use with BIPOC students and their families as well as changing the language BIPOC students utilize among themselves and with others in their community
4. People have more confidence and comfort to journey to the future (the un- known) when they are invited to start with what they already know.
  - **Application:** Looking for and building on the internal resources of the students and their families around advocacy in the school setting, and building on stakeholders' internal resources to support BIPOC students without condemning themselves due to possible biases

5. Belief that changes are inevitable – all individuals have the urge to succeed, to explore the world around them and to make themselves useful to others and their communities.
  - **Application:** Having SBMH providers support BIPOC students’ self-determination to avoid negative outcomes
6. Positive change occurs in the context of authentic relationships - people need to know someone cares and will be there unconditionally for them. It is a transactional and facilitating process of supporting change and capacitybuilding– not fixing.
  - **Application:** Promoting empowerment for BIPOC students so that they can surpass stereotypes, shift the narratives for their own lives, and empower stakeholders to be a part of the narrative shift for this population. As well, training SBMH professionals to use restorative justice techniques between BIPOC students and key stakeholders in the school setting
7. Person’s perspective of reality is primary (their story)– therefore, need to value and start the change process with what is important to the person - not the expert.
  - **Application:** Supporting cognitive restructuring around BIPOC students’ experiences and school-based stakeholders’ toxic narratives.
8. Capacitybuilding is a process and a goal – a lifelong journey that is dynamic as opposed to static.
  - **Application:** Help develop BIPOC students’ ability to strengthen bicultural skills and re- sources in order to function better and thrive in the school setting.
9. It is important to value differences and the essential need to collaborate –effective change is a collaborative, inclusive and participatory process – “it takes a village to raise a child”.
  - **Application:** Center BIPOC experiences within session as well as in the school setting.



**Figure 4:** Strength Based Approach Model

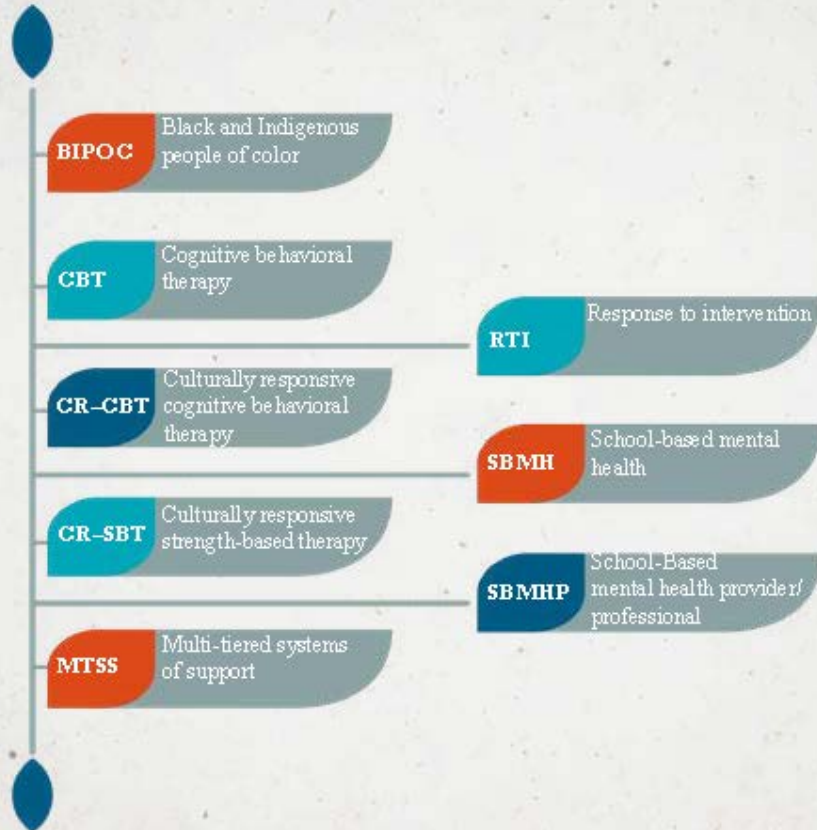
- *CORE CONCEPT: Culturally Responsive Cognitive Behavioral Therapy Approach (CR-CBT)*
  - Intervention: CR-SBT and CR-CBT can work well together. With similar concepts and themes around multiculturalism and cultural responsiveness in the therapeutic setting, CBT adds specific interventions involving the five components of any problem: (a) cognition (thoughts); (b) mood (emotions); (c) physiological reactions; (d) behavior; and (e) environment. Each of these components can support individuals in the school setting and can give SBMH providers a therapeutic link between these areas and sociocultural factors for BIPOC students (American Psychological Association, 2016).
  - Application: CR-CBT can use its five components to support cognitive restructuring around BIPOC students' experiences and school-based stakeholders' toxic narratives.



**Figure 5:** Cognitive Behavioral Therapy (CBT) Model

## Abbreviations and Key Terms

It is important to know the abbreviations and key terms that are utilized throughout this program.



### Key Terms

- *Academic functioning*: A student's ability to operate successfully in academic areas that are meant to be used for the rest of their lives (American Psychological Association, 2020).
- *Black and Indigenous people of color (BIPOC)*: People of specific descents or those who identify as non-White (Raypole, 2021).
- *Health equity*: Conditions that assist or impede individuals in attaining their full health potential (Schillinger, 2020).
- *Health disparities*: Differences in health due to economic disadvantages and a lack of health equity, which refers to conditions that impede individuals from obtaining their full health potential (Schillinger, 2020).
- *Mental health functioning*: One's ability to work and operate in a state of wellbeing, in which one can realize one's own abilities, cope with typical and normal stressors, work productively and fruitfully, and make contributions to one's own community (Galderisi et al., 2015).
- *Negative Outcomes*: A fact, situation, or experience that is negative is unpleasant, depressing, or harmful.
- *Minority students*: Youth who do not belong to a majority racial or ethnic group and who may be subjected or exposed to discrimination, which can impact their academic achievement (Gleason, 1991).
- *Pro-racist ideology*: A generalized belief that espouses and supports the superiority of Whites over other races (McGoldrick and Hardy, 2019).
- *School engagement and inclusion*: A state of feeling that one has the right to be respected, appreciated, and valued as a member of a school community, regardless of ability, disability, health care needs, race, ethnicity, religion, etc. (Engagement. National Center on Safe Supportive Learning Environments, 2021), especially in the school setting.
- *Culture of Racism*: Following from the American historical lineage of slavery, many in the field of psychology and sociology have indicated a paradigm shift in American society from the culture of slavery to the culture of racism (which includes implicit and explicit racially motivated interactions) (Rose & Fredrickson, 1990).
- *Pre- and Post-Matriculation*: Before and after graduation from secondary education and/or the formal process of entering a university, or of becoming eligible to enter by fulfilling certain academic requirements from K-12 education.

### **Importance of Cultural Responsivity**

When thinking about therapeutic work and its role in wholistic levels of health, it's hard to not consider those that are meant to benefit from it. As our nation is becoming more and more diverse and BIPOC populations are at the margins of receiving the mental support they need, it behooves us as clinicians to decolonize our once Westernized and Eurocentric approach to therapy and become more inclusive and equitable for all. Unlike the dated concept of Cultural Competence, contemporary pedagogy and literature have shown that Cultural Responsivity is the framework and lens we should be operating from (Hammond and Jackson, 2015). Looking at the concept of cultural competence, there is a heavy implication that one has fully attained all the skills needed to work with culturally diverse clients. However, in reality, no one can claim to be fully competent when it comes to the diversity of humankind. Considering this, pivoting to cultural responsiveness allows for the focus to be on responding to the individual differences and needs of each client, while acknowledging the intersectionality that exists within groups as well as the bicultural identities that one can hold.

### **Nature of Manual - Manual Purpose- "WHAT and WHO"**

- *Problem Statement:* The problem of focus for this manual is the disparities of culturally appropriate school-based mental health services and formal interventions for BIPOC Students due to the intersectionality between the "culture of racism" and the culture of education in relations to pre- and post-matriculation negative outcomes.
- *Population of Focus:* SBMH Providers (target/primary), BIPOC Students (secondary), and School-Based Stakeholders (tertiary).

- **Target Population: School Based Mental Health Providers (SBMH Providers):** Within our systemic lens, this subgroup is these manuals primary *target population*. Intuitively, it should seem that students would be, but this manual focuses on educating and training those that are supporting the students to ensure the services that are provided to BIPOC student are both appropriate and culturally responsive. They are the agents of change!
- **Secondary Population: BIPOC Students:** BIPOC students are considered the *secondary target population*. This subgroup are direct recipients of the education that providers gained from this manual. With this the manual, the only focus is to ensure that this population is directly benefiting from the services set in place by this manual's users.
- **Tertiary Population: School-Based Stakeholders –** Staff, Faculty, and support adults on campus are the tertiary target population. This subgroup is the next layer that benefits from the education of the target population in that they also are taught subject matter that helps support BIPOC students.



- **Background:** SBMH providers and key stakeholders such as staff, faculty, and administrators play a prominent role in students' future skill-building, academic success, social and emotional functioning, and general view of the world around them. These school-based learned elements and interactions carry students through to adulthood and provide a framework that supports healthy navigation through life and a foundation that can lead to resilience and feelings of wholeness, wellness, and mental health. When considering the importance of a positive school support systems to strengthen these elements, disparities of culturally responsive school-based supports can hinder the growth of these areas for BIPOC students and can cause adverse events to occur in the school setting. According to research, BIPOC students experience disparities in school-based mental health support and an increase in negative school-based outcomes and discrimination due to the culture of racism in schools. Such experiences have profound impacts on their mental health, academic functioning, and other pre- and -post matriculation outcomes. Multiple studies have shown a correlation between racism and racialized school-based events, poor academic functioning, and adverse mental health outcomes such as depression, anxiety, toxic stress, decreased self-worth and self-esteem, and psychological maladjustment. For the purpose of this program, these are the negative outcomes that plague BIPOC student populations (Gamble & Lambros, 2014).

## 7 areas of negative outcomes

Research has indicated that some of the negative outcomes experienced by BIPOC students in the school-based setting include, but are not limited to (Rose et al, 2017):



Any of these impacts can lead to distorted views of self that can change the development of BIPOC students. There are more, but these seven areas tend to be the most ubiquitous within the BIPOC student communities.

**Figure 6:** 7 Areas of Negative Outcomes

### *Why mental health?*

So, if this population has been shown to have increased negative outcomes stemming from school-based culturally insensitive inequities, what can schools do to mitigate the level of adverse impact for BIPOC students? Studies have revealed the importance of mental health intervention during this type of systemic change.

Mental health providers have paramount *influence, power, privilege, and impact* on society in general and on youth in particular. Mental Health providers are uniquely situated for this work due to their expertise and organizational roles to prompt healthy systemic change for populations in need. So having trained and knowledgeable school-based mental health providers in supporting roles can facilitate more positive culturally responsive support experiences for BIPOC students, which can help decrease negative outcomes and increase more culturally appropriate interventions (Takakjy, 2020: The school counselor and cultural diversity. The School Counselor and Cultural Diversity - American School Counselor Association (ASCA), n.d.).

### *SBMHP can:*

- *Explore* their own personal knowledge, attitudes, and beliefs about working with diverse student populations
- Ensure that each student has *access* to a school counseling program that advocates for all students in diverse cultural groups
- *Address* the impact poverty and social class have on student achievement
- *Identify* the impact of family culture on student performance
- *Deliver* culturally sensitive instruction, curriculum, pedagogy, appraisal and advisement, and counseling
- Ensure all students' rights are respected, and all students' *needs are met*
- *Consult* and *collaborate* with stakeholders to create a school climate that welcomes and appreciates the strengths and gifts of culturally diverse students
- *Use data* to measure access to programs and close disproportionate gaps in opportunity, information and resources that affect achievement among diverse student populations (Henfield et al., 2014)
- *Enhance their own cultural responsivity* and facilitate the cultural awareness, knowledge and skills of all school personnel (Ratts and Greenleaf, 2017; Ratts, et al., 2015)



*Why should this take place in schools?*

Since schools are a place where BIPOC students experience structural racism and discrimination, it is critical that school-based mental health providers are properly *trained in being culturally responsive*, in order to facilitate appropriate and affirming supports for this population, and to lessen the matriculation of negative outcomes.

**Review of the Literature- “WHAT and WHY”**

As this mental health phenomenon becomes increasingly prevalent in American youth, researchers have studied the relationship between youth mental health and various ecological and biopsychosocial factors, such as general aversive experiences and/or negative interactions with different societal subsystems.

According to the National Collaboration Centers for Public Health (2021), there is a significant correlation between youth sociocultural factors and the risk of developing social and emotional disorders. Such youth include low-income families (20%) and other Social Determinants of health, youth involved in the juvenile justice system (67%), youth with disabilities, *BIPOC youth*, youth from different gender identities, and/or youth from different sociocultural identifications and backgrounds. *BIPOC youth have shown to be at an increased risk of developing a severe mental health struggle without additional support and resources* (Youth.gov, n.d.).

*Statistics*

- As a result of the current mental health programs that are offered in schools, **31%** of White youth started to receive more mental health services, which created better outcomes for this population both during their school years and after matriculation vs **13%** of BIPOC youth.
- **48%** of White youth are benefiting from school-based mental health support while in the school setting, which has been shown to provide them with a healthier foundation to grow into adulthood. Only **21%** of BIPOC youth are being served in the same capacity and benefiting from those services (Dong, 2018).
- **40%** of school administrators say that their educational programs did not support them in being culturally responsive enough to support BIPOC students (Superville, 2020).
- **80%** of public-school teachers and stakeholders are White and report not having sufficient cultural understanding to support BIPOC students, which on average represent **52%** of the student body (Superville, 2020).
- School Counselors reports need recommendations, suggestions, and training to meet the mental health needs of diverse students (Christian and Brown, 2018).
- Recent studies have shown differences in the use and support of racial and ethnic BIPOC students in mental health services, suggesting a “need for culturally appropriate outreach and tailoring of services to improve utilization” and improvement of service implementation (Locke et al., 2017).

So why are these disparities occurring in SBMH and what needs to change to ensure that this population of students has the same levels of equitable supports? The literature suggests that a contributing factor is a lack of culturally responsive support services as well as a lack of culturally responsive knowledge by school-based stakeholders.

### **Conceptual Framework- “WHEN and WHERE”- An Integrative Approach!**

To conceptualize the problem at hand - the phenomena that are negatively impacting BI-POC students - and the most appropriate interventions, strategies, and recommendations for problem mitigation, it is pertinent to understand not only the individual struggles, but the *sociocultural, systemic, and ecological factors* perpetuating the problem. Within a culturally responsive school-based program, it is pertinent to have a plethora of knowledge regarding what the literature and theoretical community has to offer when it comes to supporting culturally diverse populations. Within this manual, we use the developmental knowledge of *Eronfenbrenner's Socioecological theory*, the context of *Social Justice theory*, the culturally appropriate therapeutic interventions of *Culturally Responsive Strength-Based Theory (CR-SBT)* and *Culturally Responsive Cognitive Behavioral theory (CR-CBT)*, along with integrating other culturally intuitive counseling theories that are appropriate when needed, such as *Multicultural Counseling Theory*.

### **Training Manual Methods, Protocol and Evaluation - “HOW”**

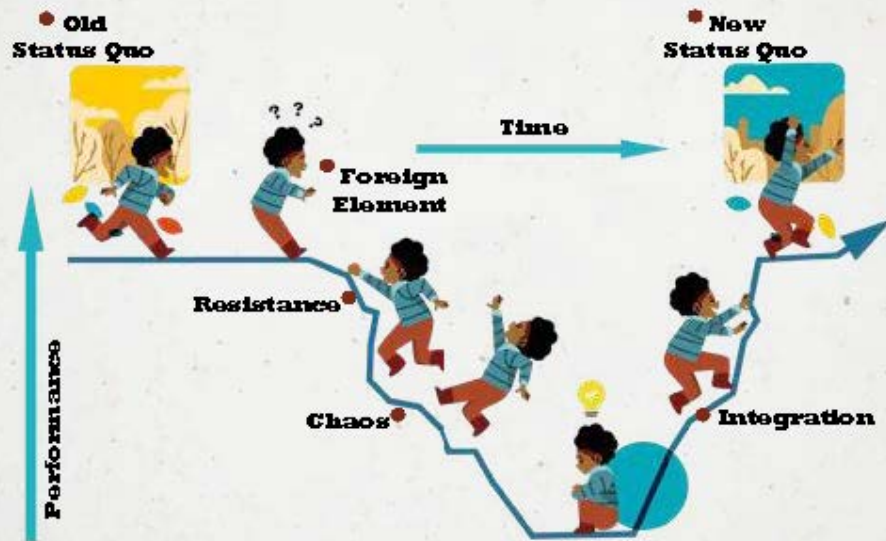
As this training manual is designed to increase culturally responsive knowledge within the primary population (SEMH providers) and to lessen pre-matriculation negative outcomes for our secondary population (BIPOC students), there is an evaluation plan that will analyze the impact of this therapeutic model (a school-based therapeutic model with a culturally responsive lens), which will employ a mixed-methods pre- and post-evaluation process. Please see the Evaluation Plan unit for the full evaluation protocol description.



### The Change Process- SBMHP as Agents of Change

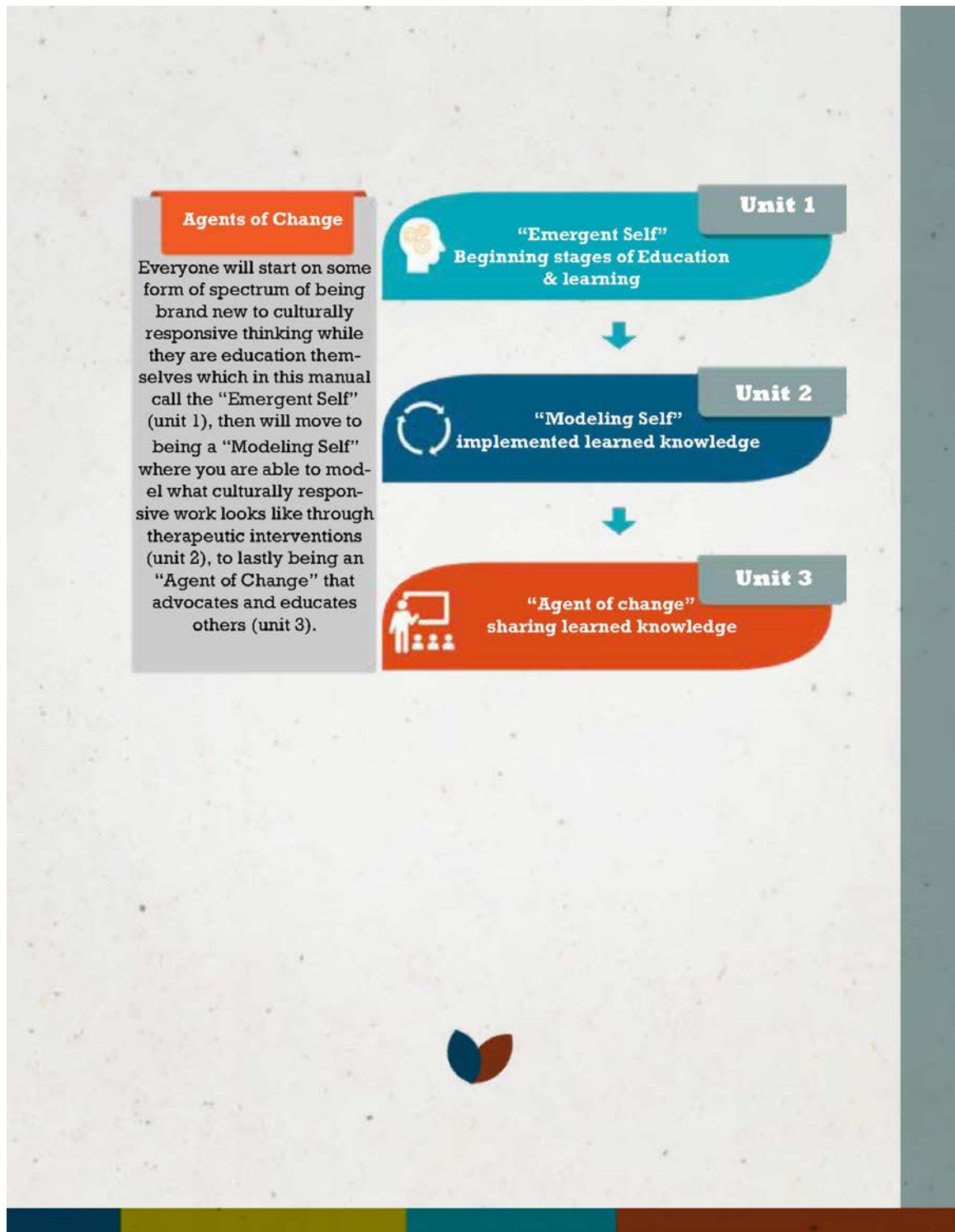
Before moving on to Unit 1, "Pre-Work", it's important to understand the change process that you will embark on. You will be transcending through a process like no other. Going from an old status quo and way of thinking to a new one will bring about both internal and external resistance, but as support providers, similar to how we admonish others, we must give ourselves time, openness, empathy, validation, and praise for not going the route of least resistance in hopes of systemic change for all.

## The Change Process



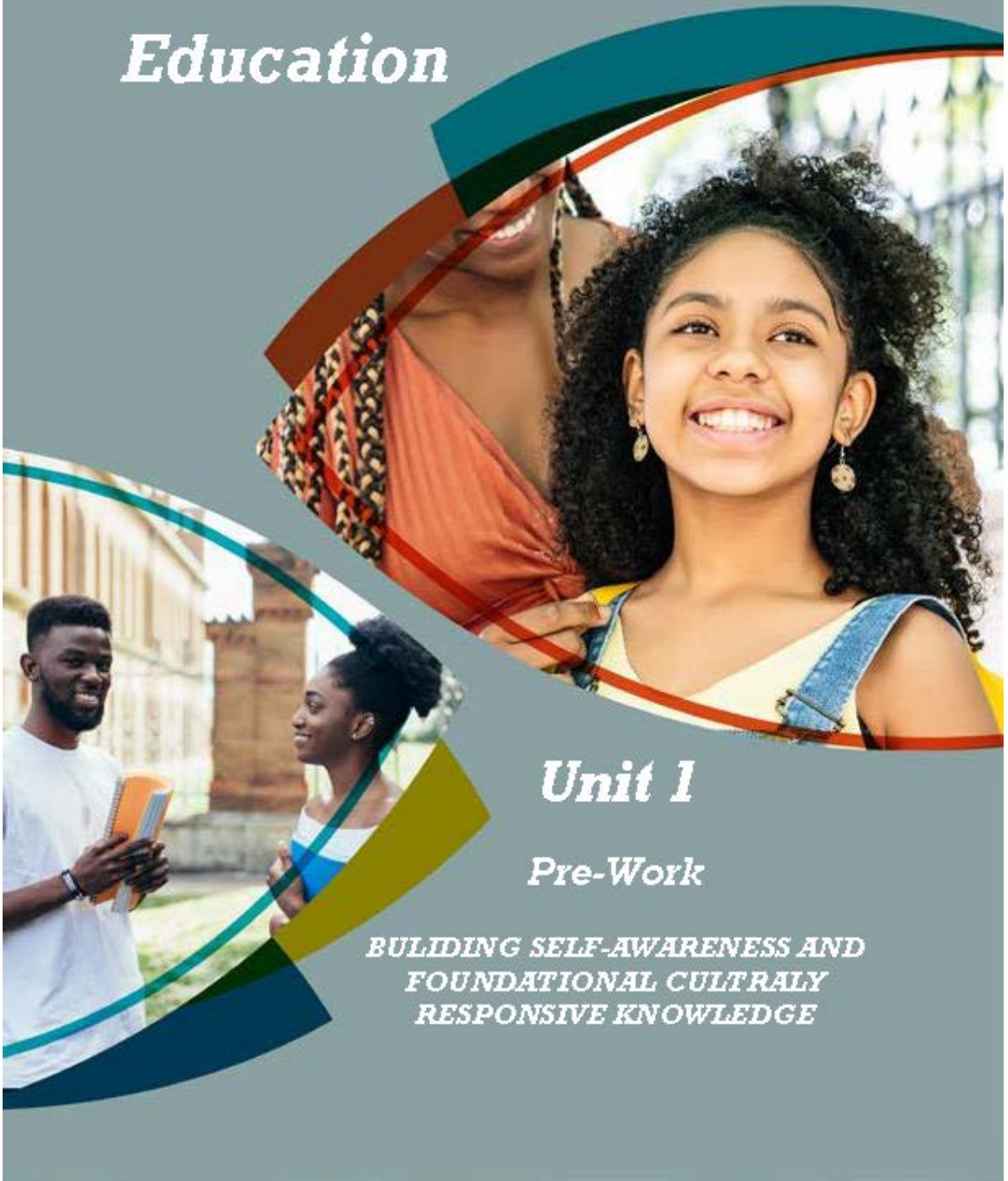
So, in this program your change process will look similar as this above visual as you move through the units. It's important to give yourself permission to stumble and fall, but also allow yourself to get up and proceed on.

*Figure 7: The Change Process*



**Figure 8:** Agents of Change Model

# *Education*



## *Unit 1*

### *Pre-Work*

*BUILDING SELF-AWARENESS AND  
FOUNDATIONAL CULTURAL  
RESPONSIVE KNOWLEDGE*



# Unit 1

## *Education- Pre-Work*

### Introduction

#### **Unit Purpose**

The Pre-Work unit focuses on the manual's *primary population, SBMH providers*. The aim of this unit is to ensure that each provider has the foundational knowledge to be a culturally responsive school-based mental health provider (CR-SBMHP), who understands the unique needs of the BI-POC student populations within their school district. In order to prepare to be a culturally responsive school-based mental health provider, one must start by *educating* themselves on some key elements. Such elements include starting with a purposeful intention, conducting a deep self-examination of one's own cultural framework and points of reference (Hammonds, 2015), having an understanding of how to operationalize our and BIPOC realities, and finding effectively creative ways to implement and encourage culturally responsive services. This may seem like a hard task to tackle, but it is doable!

The Pre-Work unit in this manual will support you in taking your pertinent first steps. Armed with this pre foundational knowledge, implementing culturally responsive services will become second nature.

During the Pre-Work unit you will be working with everyone in your district that is considered a school-based mental health provider (SBMHP) and is utilizing this training manual. For example, if there are **15 SBMHP's** in your district then you will be doing your unit activity all on your own (*Independent Learning Assignment*) and then coming together with them as a large collective group (*Collective Learning Assignment*) a total of three times during the Pre-Work unit. When coming together as a large collective group you will then create smaller collective groups of **at least 5 individuals** to engage in small group discussions about that session's activity.

*Below are some quick references to keep in mind when starting this Pre-Work unit.*

- o *Purposeful Intentions:* According to Zaretta Hammonds (2015), this is the act of committing to the process you are about to begin. This will activate your "will" to take active steps towards a goal. This unit is asking you to be purposeful with your intention to create systemic change in yourself through self-examination, learning new trains of thought, and spreading what you have learned (Hammonds, 2015). This requires openness and courage.
- o *Self-Examination:* Like a detective would, inspect your own cultural identity with the knowledge that cultural identity configures behavior in a way that feels normal and typical. This is a time to examine the source of why you do and think in a certain way about yourself and others.
- o *Cultural Frameworking:* The traditions, value systems, myths and symbols that are common within a culture you identify with (Erez, n.d.).

- o *Cultural Reference Points*: Time, space, and milestones in one's life, where one can pinpoint major events that have shaped one's behavior and thought processes (Hammonds, 2015).
- o *Aha Moments*: Times in a deep discussion, where there is a sudden insight or discovery.

**Unit Timeline:** The Pre-Work meetings should take place at least *three months* before the academic school year starts (example: Summer months and/or during professional development days prior to students being back on campus). This will enable all CR-SBMH providers to start their work for the year on a strong foundation.

**Needed Unit Tools:**

- *Composition book or notebook* – this will be needed to capture all the information throughout the training process in one place. This includes a place to take notes in, write down unit exercises and newly learned information, journal “aha moments,” write messages to self, jot down questions, etc.
- *Writing utensils*
- *Current manual*

**Unit Description:** This unit will consist of both independent as well as collective group work. All assessments will be done through independent learning outside of your work setting and then participate as a *small collective group* in *three 2-hour topic discussion meetings*. These meetings will entail all manual users within the district meet and hold free association discussions in small groups based on the unit's activities.

**Unit Implementation:**

**Unit Flow Chart:** Unit Activity (*Independent Learning Assignment*) Small Group Discussion (*Collective learning Assignment*). *This will be the flow for each session!*

- *Session 1:* providers will take a series of value and bias assessments independently and then come together as a small collective group to discuss the results.
- *Session 2:* offer space for manual users to understand BIPOC realities by learning operational culturally responsive language, definitions, pedagogy, and rhetoric, followed by a discussion. Providers will review the list of concepts and definitions and do the unit activity independently and then come together as a small collective group to discuss.
- *Session 3:* will involve an analysis of their individual districts' “community data.” This will be done as a small collective group.

### **Small Collective Groups Description:**

*Small collective groups* are spaces where the aspiring culturally responsive school-based mental health providers (CR-SBMHP) in your individual district get together and discuss and freely associate about the unit activity, their own self-examination and or their newly acquired culturally responsive knowledge. This is a time to gain support, collaborate, and consult. These small groups are subgroups that have been pulled from the larger culturally responsive school-based mental health provider community in your district that is also going through this training. Small groups should be made up of no more than 5 individuals. Each group member plays a pertinent role in the culturally responsive learning process.

#### **Roles:**

- *Facilitator:* The group facilitator is responsible for ensuring that each question in the assessment gets addressed, that there are proper highlights around the similarities and differences in responses within the group, and that the discussion is not negative and/or shaming of individual experiences and perspectives. All discussions should point back to how to navigate such experiences with BIPOC clients. This individual does not have to have any special training. They are the person in the group that help facilitates the flow which should entail making sure that everyone in the group is on task and that they are doing the unit activity.
- *Recorder:* The recorder is responsible for working with the tracker and notating all major prominent light bulb moments, meaning, any impactful discussions that are highlighted and remembered, and/or can be shared with others along this journey. Ultimately, this information should be remembered and kept in one's therapeutic toolbox around their culturally responsive work.
- *Timekeeper:* The timekeeper is responsible for making sure that all participants are aware of the group's hour time limit, that each participant is honoring each other's time by not going for too long, and that each participant is able to fully participate in the discussion.
- *Sharer:* The sharer is responsible for being aware of what the recorder has captured and obtaining group members' permission to share highlights that might be helpful for the larger group.
- *Tracker:* Tracking the discussion for key points, prominent highlights, and "aha moments." This individual also supports the productive element of the discussion while assuming the positive intent of the group members.

*Small Group etiquette:*

All small groups should start with an agreement of group norms. Please see below for a group norm sample that can be utilized. Once beginning the group process, always introduce yourself with your name, pronoun, district position and a brief statement of your “why” or “why you are here today.” After each group member finishes speaking in your small group, please appreciate their courageous, openness, and transparency by saying “thank you for sharing.”

**Sample Group Norms**

Everyone must **SPEAK** to each other with **RESPECT!**

Please **RESPECT** this **ROOM**, its **ITEMS**, and everyone’s **PERSONHOOD!**

Use **APPROPRIATE TERMS** when addressing one another (discrimination of any sort is not acceptable in this safe space)

**RESPECT** each other’s personal, emotional, and physical **SPACE**.

\*\*What is **SHARED** in this room **REMAINS** in this room, **CONFIDENTLY!**



**Large Collective Group**

*\*Special Caveat:* If a District/ School does not have a large collective group of mental health providers that are 5 individuals or more, then this exercise can be used with other departments such as academic counselors, teachers, and/or school administrators. In order for this exercise to be effective, there needs to be at least 5 school-based mental health providers participating. This can also include a school-based mental health provider collaborating with their *supervisor/manager* around this exercise/work.

**Unit Table:**

Session #	Timeframe	Topic Discussion
Prework Session 1	2 hours	Awareness Assessment Tools—Values and biases
Prework Session 2	2 hours	Culturally responsive language and definitions
Prework Session 3	2 hours	Extant Community Data Conclave

## Unit 1: *Education- Pre-Work* Session 1

**Pre-Work Theme:** Awareness Assessments —Values and Biases

**Time Frame:** Pre-academic year- 2-hour meeting time

**Tools:**

- Please remember to use your composition/notebook for each exercise
- Writing utensil

**Message Reminder:**

- Honesty, authenticity, and transparency supports awareness. In this Session, there should be a willingness to fully participate, an openness to challenge one's perspectives in a safe and positive way, and a drive to participate in systemic change.

**Unit Implementation:** Topic Discussion Meeting 1 will encompass the providers taking a series of Awareness Assessments that create recognition and consciousness of one's own culture, values, and biases, followed by a discussion of the results. Any results discussed by a group member with the larger group is up to their discretion, and/or what they feel comfortable sharing. This is meant to support the providers' exploration of their own sociocultural status and how that might be relevant to their clients. Furthermore, these assessments are meant to support awareness around the impact that one's own cultural values, perspectives, choices, and privileges have had in their life. This assessment should also support a deeper understanding of how discrimination, microaggression, and stereotypes have played out in daily school-based interactions. Lastly, this assessment should bring awareness of how one's cultural backdrop, experiences, values, and biases affect their therapeutic relationship and/or delivery of services. Overall, the results of this assessment should prompt discussions on how to navigate any cultural and/or other differences that may be present between yourself and your BIPOC client.



### Instructions

The Awareness Assessments should take about **45 minutes** and encompasses 4 subparts including (1) Cultural Reference Point Inquiry; (2) Self-Assessment Narrative; (3) Worldview Questionnaire; and (4) Culturally Responsive Check-Off list.

- After completing these assessments, a small group discussion will take place around your answers and responses from the assessments, which should take about **50 minutes**.
- Each small group should not exceed **5 people**, which would give each group member **10 minutes** to process their answers. Within the group, there will be 5 major roles, including a group facilitator, a recorder, a timekeeper, a tracker, and a sharer.
- After the 50-minute small group discussion, there should be a **5-minute break**.
- Lastly, there will be a 20-minute larger group discussion, where each group will briefly share any illuminating “aha moments” that occurred in their small groups.
- With all activities combined, this Session should be **2 hours** long.

### Instructions

- **Independent Learning Assignment:** The Awareness Assessments should take about **45 minutes** and encompasses 4 subparts including (1) Cultural Reference Point Inquiry; (2) Self-Assessment Narrative; (3) Worldview Questionnaire; and (4) Culturally Responsive Check-Off list.
- **Collective Learning Assignment:** After completing these assessments independently, you will attend a large/small collective group discussion meeting that is scheduled by your district. The discussion will take place around your answers and responses from the assessments, which should take about **60 minutes**.
- Each **small collective group** should not exceed **5 people**, which would give each group member **12 minutes** to process their answers. Within the group, there will be 5 major roles, including a group facilitator, a recorder, a timekeeper, a tracker, and a sharer.
- After the **60-minute** small group discussion, there should be a **15-minute break**.
- Lastly, there will be a **45-minute** larger group discussion, where each group will briefly share any illuminating “aha moments” that occurred in their small groups.

With all activities combined, this Session should be **2 hours** long.

## Awareness Assessments

1

### Assessment 1: Cultural Reference Point Inquiry

#### Instructions:

- Answer the following questions in your notebook
- Honesty and transparency are pertinent to this process
- After completing the exercise, please discuss it within your small group
- Only share what you feel comfortable sharing to your small group. Be aware that courageous sharing helps people process and highlight areas that are normally implicit, such as biases

#### Cultural Reference Point Inquiry (Hammonds, 2015, questions 1-19)

1. How did your family identify ethnically or racially?
2. Did you live in an urban, suburban, or rural community?
3. What is your story of your family in America? Has your family been here for generations, a few decades, or just a few years?
4. How would you describe your family's economic status – middle class, upper class, working, or low income? What did that mean in terms of your quality of life?
5. Were you the first in your family to attend college? If not, who did – your parents, grandparents, or great-grandparents?
6. What family folklore or stories did you regularly hear while growing up?
7. What are some of your family traditions – holidays, foods, or rituals?
8. Who were the heroes celebrated in your family and/or community? Why? Who were the antiheroes? Who were the “bad guys?”
9. What metaphors, analogies, parables, or “witty” sayings do you remember hearing from your parents/caregiver, grandparents, aunts, uncles?
10. What family stories are regularly told or referenced? What messages do they communicate about core values?
11. Review primary messages from your upbringing: What did your parents, neighbors, and other authority figures tell you respect looked like? What about disrespect?
12. How were you trained to respond to different emotional displays - crying, anger, and happiness?
13. What physical, social, or cultural attributes were praised in your community? Which were you taught to avoid?
14. How were you expected to interact with authority figures? Was the authority of teachers and other elders assumed, or did it have to be earned?
15. As a child, did you call adults by their first names?
16. What got you shunned or shamed in your family?
17. What earned you praise as a child?
18. Were you allowed to question, or talk back to, adults? Was it okay to call adults by their first names?
19. What is your family/community's relationship with time?
20. Did your family ever tell you about the meaning behind your name? If so, what is the meaning? How has knowing this impacted you?



## Awareness Assessments

2

### **Assessment 2: Self-Assessment Narrative – Values and Biases**

#### **Instructions:**

- Answer the following questions in your notebook
- Honesty and transparency are pertinent to this process
- After completing the exercise, please discuss it within your small group
- Only share what you feel comfortable sharing to your small group. Be aware that courageous sharing helps people process and highlight areas that are normally implicit, such as biases

#### **Self-Assessment Narrative (Culturally responsive strengths-based therapy: The journey, 2019)**

1. How do you identify in terms of race/ethnicity, nationality, religion, sexual orientation, socioeconomic status, and cultural group?
2. What year and geographical location were you born in?
3. Where did you grow up and what were your experiences like growing up?
4. What sociocultural events did you celebrate when growing up?
5. What are some of the earliest memories you have as part of your identified cultural group(s)?
6. What kind of food, music, art, clothing attire, etc. is most associated with your identified cultural group(s)?
7. How does your identified cultural group(s) look at individual differences and/or at others that are different than their cultural norms?
8. Is there one cultural, racial/ethnic, gender, sexual orientation, socioeconomic status, or religious group that you feel you have not worked with, and want a better understanding of?
9. Is there one cultural, racial/ethnic, gender, sexual orientation, socioeconomic status, or religious group that you feel you have any known biases towards? If so, where do you think the origin of the biases came from (i.e., friends, family, culture, society, geographical area discourse, etc.)?
10. Do you feel like you grew up with privilege? If so, what do you feel enabled you to hold this privilege (i.e., race/ethnicity, religion, sexual orientation, gender, cultural identification, socioeconomic status, etc.)?
11. What impact has your identified race/ethnicity, religion, sexual orientation, gender, cultural identification, and socioeconomic status had on your life's journey and your career choices?
12. If you were granted 1 wish that would allow you to change your race/ethnicity, religion, sexual orientation, gender, cultural identification, and socioeconomic status, what would you change, and why?
13. Between a score of 1 and 10, 1 being low comfortability and 10 being high comfortability, how would you score your comfortability when working with a diverse group? How comfortable are you working with BIPOC students?

## Awareness Assessments

3

### Assessment 3: World View Questionnaire

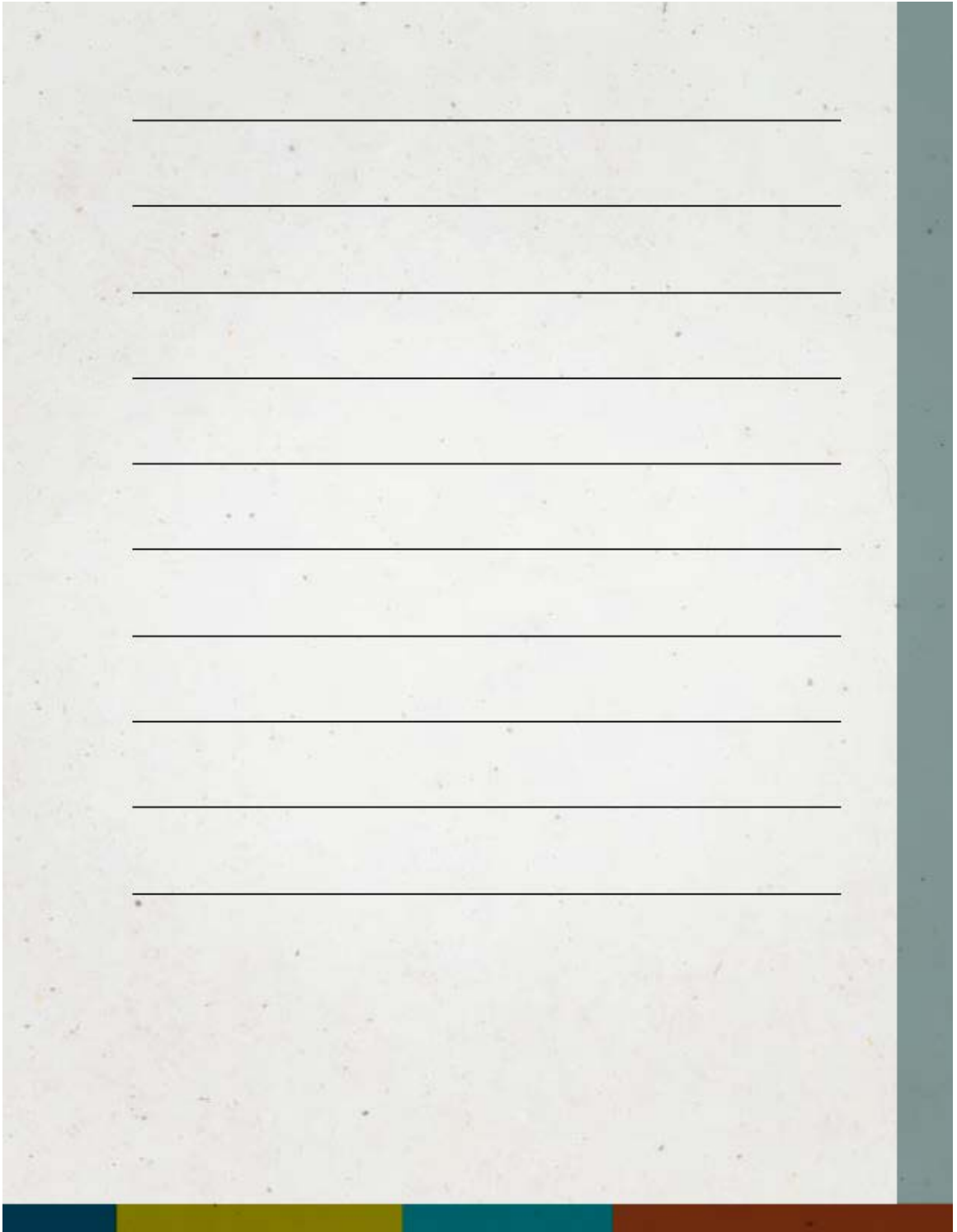
#### Instructions:

- Answer the following questions in your notebook
- Honesty and transparency are pertinent to this process
- After completing the exercise, please discuss it within your small group
- Only share what you feel comfortable sharing to your small group. Be aware that courageous sharing helps people process and highlight areas that are normally implicit, such as biases

#### World View Questionnaire (Culturally responsive strengths-based therapy: The journey, 2019)

Within this therapeutic model, it is believed that individuals are shaped by their world views and that those worldviews are gained by our social interactions during each of our developmental stages. Moreover, this model assumes that culture plays a significant role in influencing our worldviews, which translates into various absolute messages in our lives such as “this is how things should be,” “this is how things ought to be,” and or “this is how things are.” These internal messages often make their way into our therapeutic work, and if one is not aware of their own worldviews, it can be difficult for a culturally responsive school-based mental health provider to differentiate between their own views and those from diverse cultural backgrounds.

1. How do you view school and education? Do educational institutions matter in one’s life? If so, in what way?
2. How important is culture, and in what way?
3. To what degree is your own identity rooted in accomplishments?
4. What is your perspective regarding the value of time? What are your thoughts about the saying, “time is money”?
5. To what degree do you believe people should rely on themselves or rely on others to support or get ahead in life?
6. What do you think about language and what it represents? In your opinion, what do languages or accents say about a person? How does someone else’s language and accent impact your feelings towards them?
7. What is your belief about the impact that biology has on a person’s personal struggles versus their environment?
8. Write down your top 10 beliefs about yourself, about the concept of family, about others, and about your general worldviews. Then, rank them from 1 being the least important, to 10 being the most important to you. In your small groups, discuss how these beliefs have shaped you.



## Awareness Assessments

4

### Assessment 4: Culturally Responsive Check-Off List

#### Instructions:

- Answer the following questions in your notebook
- If the statement is true for you in this moment of your culturally responsive journey, place a check mark next to it.
- Honesty and transparency are pertinent to this process
- After completing the exercise, please discuss it within your small group
- Only share what you feel comfortable sharing to your small group. Be aware that courageous sharing helps people process and highlight areas that are normally implicit, such as biases

#### Culturally Responsive Check-Off List (Culturally responsive strengths-based therapy: The journey, 2019)

1.  I am aware of my client's sociocultural identification.
2.  I am aware of how my client's culture impacts or plays a role in their life and/or presents problems.
3. I often consider my client's cultural beliefs about:
  - a.  school and educational decisions
  - b.  the role that school plays
  - c.  discipline
  - d.  familial relationships with parents, siblings, extended family, and friends
  - e.  expectations about academic achievement
  - f.  communication styles
  - g.  career choices
  - h.  romantic relationships
  - i.  friendships
  - j.  authority figures



1. I am aware of how "life activities" are impacted by my client's culture involving:
  - a.  attitudes towards mental health and receiving mental health support
  - b.  religious beliefs and/or spiritual practices
  - c.  gender roles
  - d.  views on Western or alternative medicine
  - e.  marriage and/or divorce
  - f.  customs, rituals, and or superstitions
  - g.  jobs, careers, and employment
  - h.  perception of time
  - i.  views on happiness and wellness
  - j.  views on disability and struggles
2. I am aware of how my client's cultural norms may influence their communication with me and others, as well as their beliefs about:
  - a.  eye contact
  - b.  physical space
  - c.  interpersonal space
  - d.  comfort with silence
  - e.  personal objects
  - f.  asking and responding to questions
  - g.  appropriate topics of conversation
  - h.  greeting others
  - i.  alternative communication methods for sharing information (i.e., storytelling)
  - j.  interruptions
  - k.  use of gestures
  - l.  use of humor

*Now that you have completed the Awareness Assessments, it is time to get into your small groups and discuss your results.*

**Small Group Discussion Question Prompts** – These are starter questions to aid/support small collective group discussions. Please feel free to discuss your results after answering these questions, starting with the small group etiquette/norms introductory questions.

1. What is your cultural identification?
2. Have you worked with any BIPOC clients/students before? If so, what was that experience like?
3. What are some themes you noticed in your assessment results?
4. Were there any "aha moments" in your self-examination?
5. How can you use this information to improve your mental health and support work with diverse/BIPOC students?

## Unit 1:

### *Education- Pre-Work*

### Session 2

**Pre-Work Theme:** Define BIPOC Reality: Culturally Responsive Language and Definitions

**Time Frame:** Pre-academic year- 2-hour meeting time

**Tools:**

- Please remember to use your composition/notebook for each exercise
- Writing utensil

**Message Reminder:**

- These are general definitions and descriptions that do not fully encapsulate any person or group experiences. These are to give you a general frame work. I admonish you to continue your culturally responsive journey through continuing education as well as doing your own research about the BIPOC student experiences you are witnessing.

**Unit Implementation:** Now that you have done some self-exploration about your own sociocultural identification and background and have some ideas about how that might show up in your mental health work with BIPOC students, it is time to learn some needed language, definitions, concepts, phenomena, pedagogy, and rhetoric within the world of cultural responsiveness and diversity. This will help prepare you to be a culturally responsive school-based mental health provider. In this Session, you will be given a list of words and concepts along with their definition and examples. This will help you familiarize yourself with these concepts and recognize whether you have witnessed these in your own life and/or in your current school setting. This will also give you the language to have hard cultural discussions with your BIPOC clients and be able to engage in an intelligent cultural discussion to show them that these issues are not foreign to you and that you have the foundational knowledge to support the unique ubiquitous struggles that BIPOC students might be experiencing. **CAUTION!** *This does not mean that you fully understand their experiences.* Being culturally responsive means that you uniquely respond to the individual differences and cultural needs of each client. Moreover, not everyone in the same racial/ethnic, religious affiliation, sexual orientation, gender group, etc. has the same experiences or experience things in the same way. There are individual differences within and between groups of people, especially those that identify as BIPOC. So, use this information as a jumping-off point to deepen your therapeutic work with BIPOC students and remember to do your own research and also *allow the client to be an expert in their own experiences.*

## Operationally Define BIPOC Reality: Culturally Responsive Reality, Language and Definitions

### Culturally Responsive Infrastructure

*This section is called infrastructure for a reason. By definition, an infrastructure is an underlying foundation or basic framework (Merriam-Webster, n.d.). Below you will be given a set of definitions and concepts that will frame your knowledge about BIPOC student's reality. At a basic level you should understand these definitions and know the difference between them due to the role they play in the other larger concepts around cultural responsiveness. Look at these definitions as the basic building blocks for the more complex racial phenomena.*

- ❖ **Race**: A social fabricated construct that has been created to classify people on the arbitrary basis of skin color and other physical features. Race has no genetic or scientific basis. Race has been used to justify systems of power, privilege, disenfranchisement, and oppression (Race and racial identity, 2021).
- ❖ **Ethnicity**: Refers to a group of individuals that consider themselves to be different from other groups based on a variety of elements such as common ancestral, cultural, national, social experiences, cultural heritage, cuisine, language, religion, ancestry, history, etc. (Distinctions between race, ethnicity, nationality, and culture. Atlas of Public Management, 2022).
- ❖ **Nationality**: Refers to an individual's country of citizenship, such as where a person was born and/or holds citizenship. This describes the legal relationship between an individual and a sovereign state (Distinctions between race, ethnicity, nationality, and culture. Atlas of Public Management, 2022).
- ❖ **Culture**: A collective group of general customs and beliefs of a group of people. These also describe the non-biological and/or social aspects of a group of individuals within a society. Individuals in this group share similar beliefs, values, norms, and practices that are learned. (Distinctions between race, ethnicity, nationality, and culture. Atlas of Public Management, 2022).
- ❖ **Cultural Archetypes**: A similar set of beliefs, values, or behaviors that show up in different cultures (Hammond and Jackson, 2015).
- ❖ **Marginalize**: To relegate to an unimportant or powerless position within a society or group (Merriam-Webster, n.d.).
- ❖ **Equality**: A concept that means that each individual person or group is given the exact same resources and opportunities, despite their actual individual needs (Equity vs. equality. What's the difference?: Online public health, 2021). This may seem like a great concept to implement in every situation; however, mindfulness, cautiousness, and consideration must also occur when implementing this concept, as different individual people and groups have different needs and may need more support than others depending on their contextual and historical experiences.

- ❖ **Equity:** An approach that ensures equally high outcomes for all by removing the predictability of success or failure that currently correlates with racial, social, economic, or cultural factors (Safir et al., 2021). Equity recognizes the individual differences of each person and their unique needs based off of their circumstances and supports them by allocating resources and opportunities to meet those needs (Equity vs. equality: What's the difference?: Online public health, 2021).
- ❖ **Equity vs. Equality:** Although they sound similar, equality and equity hold different connotations and distinctions. Equality has an underlying assumption that everyone has the same opportunities, which include standardized interventions for health problems when they arise, and getting healthcare needs met. However, equity assumes that everyone gets their needs met based on multiple deciding elements such as opportunity, need and exigency (MediLexicon International, n.d.).
  - *Example: (Equality)* A meeting where all parents of the school community are invited to discuss current student mental health concerns is held in English, though English is not the primary language used by 25% of the school's family demographics. (Equity) The school principal hires translators to attend the meeting or offer an additional meeting held in another language.
  - *Example: (Equality)* All public schools in a community have computer labs with the same number of computers and hours of operation during school hours. (Equity) Computer labs in lower income neighborhoods have more computers and printers, as well as longer hours of operation, as some students don't have access to computers or internet at home (Equity vs. equality: What's the difference?: Online public health, 2021).
- ❖ **Justice:** This concept surrounds the fair treatment of all members of society, including the opportunity to participate in large scale decision-making (Dictionary.com, n.d.). Justice has the ability to take equity to the next level by addressing systemic issues and the ways that systems operate to ensure long-term, sustainable, equitable access for generational success (Equity vs. equality: What's the difference?: Online public health, 2021).
- ❖ **Identity:** Your ways of being, learning, and knowing in the world (Safir et al., 2021).
- ❖ **Intersectionality:** A theory and way of framing the various interactions between race, gender, and other identities as well as explaining how systems of oppression interact with each other in complex ways to impact people's lived experiences. Intersectionality acknowledges the nuances of our human experiences based on how the social world is constructed (Safir et al., 2021).
- ❖ **Mental Model:** This is an explanation of someone's thought process about how something works in the real world. One's internal representation of the surrounding world that shapes their reality, behavior, decision-making, and relationships to others (Hammond and Jackson, 2015).



- ❖ **Mindset:** A set of mental attitudes that determines how one will interpret and respond to situations (Hammond and Jackson, 2015).
- ❖ **Structural Equity:** Redesigning systems and structures (i.e., master schedule) without investing in the deeper personal, interpersonal, and cultural shifts (Safir et al., 2021).
- ❖ **Structural Racialization:** The ways in which supposedly race-neutral policies and practices across social, political, and economic institutions create racialized outcomes (Hammond and Jackson, 2015).
- ❖ **Racial Sensitivity:** The ability to recognize the ways in which race and racism shape reality (McGoldrick and Hardy, 2019).
- ❖ **Affinity Space:** This is also known as a “affinity group” which is a “safe space” that individuals from a particular group can participate in and share (Affinity groups FAQ - CDs-sf.org., n.d.).
- ❖ **Decolonization of Your Mind:** This refers to the deconstructing of one’s thoughts, preferences, and values that derive from a colonial thought process (Organeyez, 2020).
- ❖ **Power:** Describes one’s possession of control, authority, or influence over others (Merriam-Webster, n.d.).
- ❖ **Privilege:** When an individual or a group has a special right or advantage that others do not have (Privileged - definition, meaning and synonyms. Vocabulary.com, n.d.).
- ❖ **Racism:** Prejudice, discrimination, or antagonism against a person based on their membership within a particular group, race or ethnicity (Merriam-Webster, n.d.).
- ❖ **Socio-Political Context:** A term used to describe the series of mutually reinforcing policies and practices across social, economic, and political domains that contribute to disparities based in American culture (The Edvocate, n.d.).

**Culturally Responsive Infrastructure Meaning Making Discussion Question:** *How do you think these concepts uniquely impact BIPOC students within your current school community?*

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### **BIPOC Phenomena**

*This section describes common phenomena that occurs in BIPOC communities. Phenomenon(a) is a fact or situation that is observed to happen or exist, especially one whose cause or explanation is in question (Merriam-Webster, n.d.). You as a CR-SBMHP should be aware of these definitions as well as be able to be conscious of when it is happening in your school setting for your BIPOC student and or when it is a common narrative theme in their life story. This awareness should lead you to know what interventions may be needed for their treatment plan and what peripheral work role you will need to play in order to fully support them*

- ❖ *Assimilation*: A process where individuals that belong to different heritage groups are absorbed into the dominant societal culture (Encyclopedia Britannica, n.d.).
- ❖ *Cultural Racism*: Sometimes called neo-racism, new racism, postmodern racism, or differentialist racism, this is a concept that surrounds a culture that has racism embedded in it. The body of research about children and race has demonstrated that white children develop a sense of white superiority as early as preschool (DiAngelo, 2019).
- ❖ *Aversive Racism*: This concept is a manifestation of racism by well-intentioned people who see themselves as educated and progressive. It exists under the surface of consciousness, because it conflicts with consciously held beliefs of racial equality and justice. Aversive racism is a subtle but insidious, as such people enact racism in ways that allow them to maintain a positive self-image (DiAngelo, 2019).
  - *Example*: Rationalizing racial segregation as unfortunate but necessary to access good schools
  - *Example*: "I have lots of friends of color," "I judge people by the content of their character, not the color of their skin"
- ❖ *New Racism*: Ways in which racism has adapted over time so that modern norms, policies, and practices result in racial outcomes that are similar to those in the past, while not appearing to be explicitly racist (DiAngelo, 2019).
- ❖ *Anti-Black Racism*: A feature of White Supremacy. Antiblackness is a two-part formation that both strips Blackness of value (dehumanizing) and systematically marginalizes Black people. This form of racism is overt, historical, and embedded in all of our institutions. Beneath anti-Black racism lies the covert structural and systemic racism that is held in place by anti-Black policies, institutions, and ideologies. Anti-Blackness also involves the disregard of Black institutions and policies privileging outside practices over Black traditions (Safir et al., 2021).
- ❖ *Color-Blind Racism*: This ideology is a form of racism that has adapted to cultural changes. According to this, if individuals do not notice race, there is no racism. Color-blind racism is promoted as a remedy for racism, with White people insisting that they do not see race, or if they do, it has no meaning to them (DiAngelo, 2019). Without seeing race, there is a lack of acknowledgment of individual differences, identities, and impactful experiences that are both negative and positive.
- ❖ *White Supremacy*: The global system that confers unearned power and privilege on those who become identified as White, while projecting disempowerment onto those who become identified as persons of color (Safir et al., 2021).

- ❖ *White Supremacy Culture*: Ideas, thoughts, beliefs, habits, and actions grounded in Whiteness that are perceived to be superior to the ideas, thoughts, beliefs, and actions of people and communities of color. One does not have to be a White supremacist or even White to embody or enact White supremacist culture (Safir et al, 2021).
- ❖ *Pro-Racist Ideology*: A generalized belief that espouses and supports the superiority of those that identify as White. This concept reinforces the racial status quo, where White individuals are assumed to be more valuable than BIPOC individuals. It manifests itself in comments and/or actions that are usually unconscious. This can also look like a tolerance of existing conditions. Someone that subscribes to pro-racist ideology is not necessarily "racist." The term "racist" is totalizing and does not allow individuals the opportunity to be anything outside of the label of "racist." Within this ideology, it is possible for someone to support racial justice verbally, which shows attitudes and behaviors that perpetuate pro-racist ideologies (McGoldrick and Hardy, 2019).
  - *Example*: Comments: "you're not like the others"
  - *Example*: Behavior: An assumption that individuals that identify as Black at back-to-school night are related.
- ❖ *Health and Wealth Gradient*: A paradigm that shows a correlation between an individual's health status (mortality rates, life expectancy, health risks, and health treatment) and their wealth attainment (Wealth matters for Health Equity. RWJF, 2019). Conversely, groups that reside in poorer, rural and/or urban communities, which often encompass those that are disadvantaged, marginalized, belong to communities of color and/or are socially and economically disadvantaged, and have been burdened with poor health and mental health. This is the result of these individuals having less access to the healthcare they need.

*BIPOC Phenomena Meaning Making Discussion Question.* (1) How do you think these concepts might impact a student's life? (2) If you noticed any of these concepts were a common theme in your therapy with a student, based off of the therapeutic model you currently use what kind of interventions would you use in their treatment plan? (3) Other than therapy, how do you think you could support students experiencing these phenomena on campus based on your sphere of influence and the other hats you are able to wear at your school?

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### **BIPOC Interpersonal Forced Exposures**

*This section describes the various experiences that BIPOC students have in the school setting that they are at times forced to be exposed to. The word forced is extremely important because BIPOC students usually do not have a say on whether or not these types of interactions happen to them. These exposures can create harm and have lasting effects that robs them of their agency in those moments. CR-SBMHP can use this information to support naming what is happening for BIPOC students with empathy and validation.*

- ❖ *Colonistic Thinking*: A thought process that shows preferences and/or a desire for “whiteness and cultural values, behaviors, physical appearances and objects that are a derivative from Western Europe or the USA with a disdain or undesirability for anything Non-Western” (Organeyez, 2020).
- ❖ *Performative Allyship*: Publicly proclaiming to be an ally in hopes of being publicly rewarded for their perceived allyship (Phillips, 2020).
- ❖ *Implicit bias*: This refers to the unconscious attitudes and stereotypes that shape our responses to certain groups, especially around race, class, and language. Implicit bias operates involuntarily, often without one’s awareness or intentional control. Implicit bias is not implicit racism (Hammond and Jackson, 2015).
- ❖ *Microaggressions*: A statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority. They are small, subtle, verbal insults or nonverbal actions directed at BIPOC individuals that intentionally or unintentionally communicate mistrust or hostility (Hammond and Jackson, 2015).
- ❖ *Microinsults*: when a authority figure on campus misuses power and privilege in subtle ways to marginalize BIPOC students and create different outcomes based on their individual differences (i.e., race, class, etc.) (Hammond and Jackson, 2015).
  - *Example*: A teacher giving more severe punishment to a BIPOC student than a white student who was engaged in the same behavior.
  - *Example*: Excluding students from fun activities as a form of punishment for a minor infraction.
- ❖ *Microassaults*: being insensitive to culturally and linguistically diverse students and trivializing their racial and cultural identity (Hammond and Jackson, 2015).
  - *Example*: A teacher purposefully and repeatedly not learning how to pronounce a BIPOC student’s name or giving them an altered name to make it easier on the teacher.
  - *Example*: A staff or faculty member confusing two students of the same race and then minimizing it by saying that “they all look alike”.

- ❖ **Microinvalidations:** A action that negates, minimizes, or nullifies a BIPOC students experiences (Hammond and Jackson, 2015).
  - **Example:** A teacher telling a BIPOC student that they are “being too sensitive” or that a BIPOC student is “playing the race card”.
  
- ❖ **False Generosity:** Charity that targets the symptoms of an unjust society. False generosity isn’t false because it doesn’t help people; it can often save lives. Rather, its false because when it addresses symptoms rather than underlying causes, as it functions to maintain oppression (Safir et al., 2021).
  
- ❖ **Superficial Equity:** Failing to take the time to build equity-centered knowledge and fluency, leading to behavioral shifts without understanding deeper meanings or historical contexts (Safir et al., 2021).
  
- ❖ **Tokenizing Equity:** Asking leaders of color to hold, drive, and symbolically represent equity without providing support and resources to thrive, nor engaging the entire staff in the work (Safir et al, 2021).
  
- ❖ **White fragility:** Feelings of discomfort and defensiveness on the part of a person that identifies as White when confronted around racial inequity and injustice (Safir et al., 2021).
  
- ❖ **Cultural Appropriation:** This concept takes place when members of a majority group adopt cultural elements of a minority group in an exploitative, disrespectful, or stereotypical way (Encyclopedia Britannica, n.d.). This is very different from cultural appreciation. This is a very thin line, but appreciation acknowledges the cultural history and the marginalization that has occurred with the culture that one is borrowing from. However, even doing an ample amount of research on a culture does not give one the permission to freely use it as one sees fit.
  - **Example:** wearing a traditional Native American headdress for Halloween.
  
- ❖ **Structural Racism:** A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with “Whiteness” and disadvantages associated with “color” to endure and adapt over time. Structural racism is not something that people or institutions choose to practice. Instead, it is a feature of the social, economic, and political systems in which we all exist (Glossary for understanding the dismantling structural, n.d.).

- ❖ *White Privilege*: White privilege, or “historically accumulated white privilege,” as we have come to call it, refers to Whites’ historical and contemporary advantages when accessing quality education, decent jobs, livable wages, home ownership, retirement benefits, wealth, and so on. The following quote from a publication by Peggy Macintosh can be helpful in understanding what is meant by White privilege: “As a white person I had been taught about racism that puts others at a disadvantage, but had been taught not to see one of its corollary aspects, white privilege, which puts me at an advantage. . . . White privilege is an invisible package of unearned assets which I can count on cashing in every day, but about which I was meant to remain oblivious” (Glossary for understanding the dismantling structural, n.d.).
- ❖ *Institutional Racism*: Institutional racism refers to the policies and practices within and across institutions that may or may not intentionally produce outcomes that chronically favor or put a racial group at a disadvantage. Poignant examples of institutional racism can be found in school disciplinary policies, in which students of color are punished at much higher rates than their White counterparts in the criminal justice system. This can also occur within many employment sectors where day-to-day operations as well as hiring and firing practices can significantly disadvantage workers of color (Glossary for understanding the dismantling structural, n.d.).
- ❖ *Shallow Culture*: A paradigm made up of various unspoken rules around everyday social interactions (2 ways to explore culture and why it’s so important for your students, 2018)

*BIPOC Intermersional Forced Exposures Meaning Making Discussion Question: Pick 3 concepts from this section and briefly describe the kind of harm you imagine happens to BIPOC students that encounter those forced exposures*

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### **BIPOC Experiences**

*This section describes practices, events, occurrences, or states that occur within BIPOC communities. Understanding these definitions can support CR-SEMHP in identifying these experiences for BIPOC students and support with processing them. In the context of this manual, processing entails bringing up BIPOC experiences and events into their present consciousness and analyzing them using the current culturally responsive tools and knowledge, resulting in fresh insight (Shpancer, 2018) in hopes of creating internal and external shifts.*

- ❖ *Colorism*: Prejudice or discrimination against individuals with a darker skin tone, which can also result in the exclusion of those with lighter skin tones (Safir et al., 2021).
- ❖ *Amygdala Hijack*: When the amygdala is in an active state of stress, fear, or anxiety. This signals the body to release the stress hormone cortisol. The cortisol blocks rational thinking and temporarily reduces the capacity of the working memory, making learning difficult (Hammond and Jackson, 2015).
- ❖ *Fixed Mindset*: Students/individuals that struggle with a fixed mindset believe that their basic abilities, intelligence, and talents are just fixed traits. High achievers may have the goal of looking smart all the time, while low achievers may avoid challenging work, so as not to confirm their perceived “low intelligence” (Hammond and Jackson, 2015).
- ❖ *Internalized Oppression*: When individuals are targeted, discriminated against, or oppressed over a period of time, they often internalize (believe and make part of their internal view of themselves) the myths and misinformation that society has about their group (Hammond and Jackson, 2015).
- ❖ *Internalized Racism*: A psychological injury due to racism (Internalized racism: One more piece ... - journals.sagepub.com, n.d.), in which a person of color adopts a White supremacy mindset (Nittle, 2021) and/or a preference towards Whiteness.
- ❖ *Learned Helplessness*: The victim mentality that a BIPOC student/client adopts when they are repeatedly subjected to negative stimulus. Over time, the individual stops trying to avoid the stimulus and believes that they are helpless to change the situation. This includes a lack of confidence in one's ability and a belief that making an effort is useless (Hammond and Jackson, 2015).
- ❖ *Spectrum of Consciousness*: This is when a group or individual has a full range and awareness of their psychological experiences (Psychology Dictionary, 2013). *Example*: BIPOC communities that have a spectrum of consciousness around racial traumas.

- ❖ *Negativity Bias*: The brain's innate tendency to pay more attention to and overreact to negative events, information, and experiences. Believed to be part of the stereotyping feature of our safety-threat system that is charged with keeping us safe (Hammond and Jackson, 2015).
  - *Definition Expound*: Staff and faculty that are not working towards cultural responsiveness can misinterpret student's differences as deficits, dysfunctions, and or disadvantages which can cause them to act negatively towards BIPOC students. Students then remember this interaction towards them and their brain codes it as feedback from their environment which leads to them internalize those messages causing a "negative academic script". This can result in BIPOC students believing that they are "not smart", and that school is a unwelcoming place where the yc cannot be themselves (Hammond and Jackson, 2015).
  - *Example*: Teacher performs a microassault, microinsult, microinvalidation, and or a microaggression towards a BIPOC student and the student remembers, responds, and integrates those negative messages more than they would with the positive experiences they might have in the school setting.
- ❖ *Stereotype Threat*: Refers to a client's fear of confirming a negative stereotype about their racial, ethnic, or socioeconomic group (i.e., African Americans aren't smart) by their actions (i.e., failing a test). This anxiety triggers an amygdala hijack, releasing stress hormones and shutting down all learning, making it more likely that the individual will fail (Hammond and Jackson, 2015).
- ❖ *Self-Imposed Barriers*: These are delays or hinderances that occur because of challenges that happen within oneself and/or from one's personal circumstances (Self-imposed barriers. AASA, n.d.).
- ❖ *Systemic Racism*: A theory that addresses individual, institutional, and structural forms of racial inequality that were shaped over time by scholars. Systemic racism includes the complex array of anti-Black practices, the unjustly gained political-economic power of Whites, the continuing economic and other resource inequalities along racial lines, and the White racist ideologies and attitudes created to maintain and rationalize White privilege and power (Safir et al., 2021). In many ways, "systemic racism" and "structural racism" are synonymous. Structural racism pays more attention to the historical, cultural and social psychological aspects of our currently racialized society (Glossary for understanding the dismantling structural, n.d.).
- ❖ *Tokenizing*: The way in which minority individuals are portrayed in media and in general society that often perpetuate stereotypes that spread misrepresentative content (Hector, 2020).



- ❖ **Systemic Oppression:** When laws and policies lead to the unequal treatment and disadvantaging of a specific group of people based on their identity (gender, race, class, sexual orientation, language, etc.) (Safir et al., 2021).
- ❖ **Individual Racism:** Individual racism can include face-to-face or covert actions toward a person that intentionally express prejudice, hate or bias based on race (Glossary for understanding the dismantling structural, n.d.)
- ❖ **Trope:** A reoccurring theme we've seen happen before (Safir et al., 2021).
- ❖ **School-to-Prison Pipeline:** This is a phenomenon where schools have harsh school policies and interactions (i.e., suspensions, expulsions, arrests, etc.) that disproportionately impact students of color and those with disabilities. From those harsh interactions in schools, there is a pathway that often ends in the criminal justice system (School discipline and the school-to-prison pipeline. Anti-Defamation League, 2022).
- ❖ **Discrimination:** The unfair or prejudicial treatment of different groups of people (American Psychological Association, n.d.).
- ❖ **Disempowerment:** A phenomenon that causes a person and/or a group of people to be less likely to succeed due to a lack of power, authority, or influence (Encyclopedia Britannica, n.d.).
- ❖ **Inequities:** A lack of fairness or justice (Merriam-Webster, n.d.).
- ❖ **Disenfranchisement:** A state of being deprived of a right or privilege. This can refer to an individual or group that might be stripped of their power (Disenfranchised - definition, meaning and synonyms. Vocabulary.com, n.d.).
- ❖ **Oppression:** A unjust or cruel exercise of authority or power (Merriam-Webster, n.d.).
- ❖ **Disparities:** Disproportionate, noticeable and significant differences or dissimilarities between things (Merriam-Webster, n.d.).



**BIPOC Interpersonal Forced Exposures Discussion Question:** (1) How do you think all of these concepts impact BIPOC students' academic identity? (2) write a short vignette, no more than 75 words, of how one of these concepts might look involving a BIPOC student in the school setting.

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### **BIPOC Excellence Support Goals**

*This section describes distinct concepts that highlight desired results and celebrates the success of BIPOC students (7 ways to celebrate Black excellence in the Workplace, 2021). Each one is meant to provoke CR-SEMHHP thoughts on various actions they need do in order to achieve these concepts for BIPOC students*

- ❖ *Agency*: The idea that people have the capacity to take action, craft and carry out plans, and make informed decisions based on a growing knowledge base (Safir et al., 2021).
- ❖ *Boomerang Equity*: Inventing time and resources to understand your equity challenges but reverting back to recycled status quo solutions (Safir et al., 2021).
- ❖ *Culturally Responsive Education*: A pedagogy that recognizes the importance of including student/individual's cultural references in all aspect of instruction, which calls for the deep cognitive engagement of learners whose cultures and experiences have been relegated to the margins (Safir et al., 2021).
- ❖ *Culturally Responsive Teaching*: The process of using familiar cultural information and processes to scaffold learning. This emphasizes communal orientation and focuses on relationships, cognitive scaffolding, and critical social awareness (Hammond and Jackson, 2015).
- ❖ *Efficacy*: The feeling that one can make a difference (Safir et al., 2021).
- ❖ *Growth Mindset*: In a growth mindset, students/individuals understand that their talents and abilities can be developed through effort, active learning, and persistence (Hammond and Jackson, 2015).

- ❖ *Relaxed Alertness*: The optimal learning state of the brain. The brain experiences low threats while alert and while paying attention with anticipation. The term can also be applied to the emotional tone of the class/school setting that creates a socially and intellectually safe environment (Hammond and Jackson, 2015).
- ❖ *Self-Efficacy*: One's internal belief and self-confidence about having the potential, power and skill to shape the direction of a learning process (Hammond and Jackson, 2015).
- ❖ *Wellbeing*: An experience of holism as integration of mind, body, spirit, and identity (Safir et al., 2021).
- ❖ *Belonging*: A component of agency in which BIPOC students feel deeply connected to their school, classroom(s), peers, and teachers, saying, "I see myself, and I am seen and loved here" (Safir et al., 2021).
- ❖ *Validation*: Refers to the explicit recognition and acknowledgement of historical institutional Racism, negative stereotyping, and generalizations that impact culturally and linguistically diverse students (Safir et al., 2021).
- ❖ *Culturally Affirming*: An incident and/or event that centers on racial consciousness, supports the development of a positive and healthy self-concept, and affirms the lived experiences of marginalized communities and groups (What is culturally affirming. IGI Global, n.d.).
- ❖ *Productive Struggle*: A process of effortful learning that develops grit and creative problem solving (Institute, n.d.).
- ❖ *Racial Equity*: Refers to what a genuinely non-racist society would look like. In a racially equitable society, the distribution of society's benefits and burdens would not be skewed by race. In other words, racial equity would be a reality in which a person is no more or less likely to experience society's benefits or burdens because of the color of their skin. This is in contrast to the current state of affairs, in which a person of color is more likely to live in poverty, be imprisoned, drop out of high school, be unemployed and experience poor health outcomes like diabetes, heart disease, depression and other potentially fatal diseases. Racial equity holds society to a higher standard, as it demands that we pay attention not just to individual-level discrimination, but to overall social outcomes (Glossary for understanding the dismantling structural, n.d.).
- ❖ *Cultural Representations*: Cultural representations refer to popular stereotypes, images, frames, and narratives that are socialized and reinforced by media, language, and other forms of mass communication and "common sense." Cultural representations can be positive or negative, but from the perspective of the dismantling structural racism analysis, cultural representations often depict people of color in ways that are dehumanizing, perpetuate inaccurate stereotypes, and have the overall effect of allowing unfair treatment within society to seem fair or natural (Glossary for understanding the dismantling structural, n.d.).

## Operationally Define BIPOC Reality: Culturally Responsive Reality, Language and Definitions

### Unit Activity

#### Unit Activity Instructions

- **Independent Learning Assignment:** Read through the definitions above and answer the Meaning Making Discussion Questions within each section before attending your large/small collective group discussion meeting. During meeting take the first **45 minutes** to discuss your Meaning Making Discussion Questions in your small collective groups.

#### **Small Collective Group prompts:**

- o Think about your Meaning Making Discussion answers
  - o Discuss with your small group
  - o Share any “aha moments”/ realizations
- Take a **15-minute break**
  - **Collective Learning Assignment:** Take the next **20 minutes** and answer these Discovery questions independently, then another **20 minutes** to share your answers within your smaller collective group, and then take the last **20 minutes** to share any “aha moments”/ realizations with the larger collective group.

#### Discovery Questions

1. What are the *top 5* concepts you have heard of before?
2. What are the *top 5* concepts you have never heard of before and just learned?
3. Name at least *3 concepts* you have witnessed with your own eyes. *This could have been done to yourself or to someone else.*
4. Name at least *2 concepts* you have witnessed or experienced with a BIPOC student in your school community.
5. Name *1 concept* you *commit to changing* and 1 that you *commit to promoting* in your school setting to accelerate BIPOC excellence.



# Unit 1:

## *Education- Pre-Work*

### Session 3

**Pre-Work Theme:** Extant Community Data Conclave

**Time Frame:** Pre-academic year- 2-hour meeting time

**Time Frame Breakdown:**

- *1 hour:* run data queries as a group
- *30 min:* discuss results and prominent trends
- *30 min:* school year planning based on data

**Tools:**

- Please remember to use your composition/notebook for each exercise
- Writing utensil
- Access to your district's student data – encourage enlisting your school's **Data Analyst** to gain this information
- List of all of the departments on campus

**Message Reminder:**

- This is a data driven and evidence-based planning Session

**Unit Implementation:**

Now that you have familiarized yourself with some foundational language, definitions, concepts, phenomena, pedagogy, and rhetoric within the world of cultural responsiveness and diversity in the realm of BIPOC students' realities, it is time to look at a concrete picture of what the BIPOC student population is experiencing in your district and what their outcomes have looked like.

- The data that you will be looking at is called *Extant Community Data*. Again, this data will consist of the state of BIPOC students within their school setting.
- This data will come from your school districts' local school databases (school dashboards such as Aeries, special education systems, admissions and records systems, schoolwide panorama surveys, deans' lists, etc.).
- This exercise will help bring awareness of BIPOC students' levels of needs in their school setting, thus supporting strategy planning for the rest of the school year.
- One example of how this can support more accurate culturally responsive planning is if a small group of school-based mental health providers look at

- how many BIPOC students are chronically truant, their number of in- and out-of-school suspensions, how many are involved in a support program like special education and/or your mental health program, number of discipline referrals and/or referrals to the dean's office, their grades and GPA, their involvement in local school clubs, programs, sports teams (school engagement), their graduation rates, etc., and, from this, the small group members can analyze the data and plan for what specific initiatives, events and interventions will be needed for the rest of the school year to support better outcomes.



## Extant Community Data Conclave

Start this Session off by reviewing key definitions about various concepts that you will be using in this conclave.

### Key Definitions:

- **Extant Data:** *What is Extant Data in the field of research?* Extant data is a collection method that utilizes documentation and data that already exists in organizations, such as demographic information, surveys, client/student data bases, etc. This includes both the review of various kinds of written documents or visual materials and the conduct of unobtrusive observation. With this type of data, the researcher has no relationship with the individual creating the data. The data collected is non-reactive, that is, the person creating the data does so for their own purposes that are not in response to the presence of a researcher (Chapter 7: Collecting extant data online. Sage Research Methods, n.d.).
- **Data Query:** A data query is a request for data or information from a database that may consist of an information table or combination of tables. A data query can support one in answering a simple question. It can also perform calculations and combine data/information from different tables, etc.
- **Trend:** When it comes to data, a trend is a pattern found in datasets. This can highlight and describe whether the data is showing an upward or downward movement for a particular element (Trend - statista definition. Statista Encyclopedia, n.d.).
- **Correlation:** When it comes to data, a correlation is when two sets of data are strongly linked together. If this is the case, then we say they have a “High Correlation.” More specifically, the word correlation is made up of two parts. Co- (meaning “together”), and Relation (Correlation, n.d.).
- **Outliers:** Data points that are significantly different and/or far away from other observable data points (Frost et al., 2021).
- **Statistics software:** This is a special tool used to assist in “statistics-based collection” and analysis of data to provide evidence-based insights that come from seen patterns and trends.
- **Growth Outcomes:** These are specific highlighted areas that need to be worked on immediately in order to promote better and more positive outcomes for the BIPOC student population.

**Instructions:**

1. Split into small groups based on school locations
2. Print out your specific school/school district extant data that is relevant to your BIPOC student populations. Again, strongly encourage using your school communities' Data Analyst to run these data queries for you.

*Example Data Sources:*

- Panorama surveys
- Healthy kid surveys
- Aeries/ other school data platforms
- Canvas
- Blackboard
- Deans/referrals lists

3. Go through the data queries and look for *trends, correlations, outliers*, and any data points that are accentuated towards the top negative outcomes that are seen for BIPOC students highlighted in this manual (*Example: low graduation rates*).

4. Please use the data analysis steps below:

- *Step 1: Have Clear Goals:* For this exercise, your goals will be to spotlight any negative trends and outcomes that are happening to BIPOC students at your school.
- *Step 2: Measure your Goals:* Once you've highlighted your clear goals, you'll need to decide how to measure them. For this exercise, your goals will be measured by how many *discussion points* and/or *growth outcomes* you can gain from your data.
- *Step 3: Collect your Extant Community Data:* This will come from the specific data platforms your district has.
- *Step 4: Analyze Your Extant Community Data:* You can do this by running data queries using your district data platforms, or looking through the raw data and looking for trends, and/or putting the raw data in your own spreadsheets/statistical analysis programs/software such as Microsoft Excel, Google Slides, Statistical Package for the Social Sciences (SPSS), etc.
- *Step 5: Interpret Results:* This is where you take your finding and discuss possible root causes and problem mitigation with your small groups and decide the next steps based on the evidence of your data findings. This will determine the most prominent negative outcomes your BIPOC students are experiencing in your local campuses.



5. Use the gained data points to inform how you will plan out your targeted therapeutic interventions, school-wide activities, and collaborations with school-based stakeholders for the school year.
6. Fill out Support Planning Tool: Based on the data you retrieved what are some of the negative outcomes you see?
  - Input the data points that surround negative outcomes you see in the planning tool below.
  - Then broadly make a support plan based on your current knowledge on how you might move forward in lessening that data point.
  - *Intersectionality's*: Please refer to the concepts in the “**Operationalize BIPOC Realities**” section of unit 1 for this information.

Support Planning Tool					
#	Negative Outcome Data Point	In your opinion What intersectionality's are perpetuating this negative outcome?	What interventions can be done to mitigate this?	When is it most important to implement this proposed intervention?	Who are some key players we can invite on this journey to help make this intervention possible?
1					
2					
3					
4					
5					
6					
7					

Pre-Work Visual				
Months	June	July	August	September
<b>School Semester</b>	Summer Months	Summer Months	Summer Months	Fall/ School Starts
<b>Unit Goal</b>	<b>Self</b> shift internal perspectives	<b>Self</b> shift internal perspectives	<b>Self</b> shift internal perspectives	
<b>Session</b>	<i>Session 1:</i> Self-Assessment Tools	<i>Session 2:</i> Operationalize BIPOC Realities	<i>Session 3:</i> Extant Community Data Conclave	Beginning of 16-Session Model
<b>Session Specifics</b>	<b>2-hours</b> Large/Small collective Groups	<b>2-hours</b> Large/Small collective Groups	<b>2-hours</b> Large/Small collective Groups	
<b>Unit Activities</b>	<ol style="list-style-type: none"> <li>1. Cultural Reference Point Inquiry</li> <li>2. Self-Assessment Narrative – Values &amp; Biases</li> <li>3. Worldview Questionnaire</li> <li>4. Culturally Responsive Check-off List</li> </ol>	<ul style="list-style-type: none"> <li>▪ Meaning Making Discussion Questions</li> <li>▪ Discovery Questions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Have Clear Goals</li> <li>▪ Measure your Goals</li> <li>▪ Collect your Extant Community Data</li> <li>▪ Analyze Your Extant Community Data</li> <li>▪ Interpret Results</li> </ul>	

# Unit 1

## Check- Point



*Great Job!*

*I know this was hard work, but I praise your bravery for embarking on this Culturally Responsive Journey! Now that you have completed unit 1, it's time to check-in and test your knowledge before moving ahead!*

**Unit Completion Expectations:** These following items must be accomplished before you are ready to move on to Unit 2.

• **By now you must have:**

- *Self-Assessments:* Completed all 4 Values & Biases self-assessments and have had a discussion around your results in your large/small collaboration groups with your district's fellow SEMHP.
- *CR Terminology:* Read and critically thought about the various culturally responsive terminology and how it applies to BIPOC students at your school site.
- *Community Data:* Run a data query around the 7 common negative outcomes to see what areas your BIPOC youth struggling with at your school site.
- *Completed Support Planning Tool:* Within your small groups completed a draft of a initial "Support Tool" based on the data you found.
- Have critical large and small group conversations about the needs of your unique BIPOC student population.

**Unit Check Point Questions:** Please answer these questions in your small group

1. What is the difference between the 4 types of Microaggressions BIPOC students may experience in the school setting?
2. Please describe the datapoints around your BIPOC students and how it relates to their racial or ethnic identity and or any specific concepts mentioned in the "operationalize BIPOC reality" portion of unit 1?
3. If you had to explain what you learned from this unit and what you see in the data to your school principal how would you do it?

**Forecast Questions:**

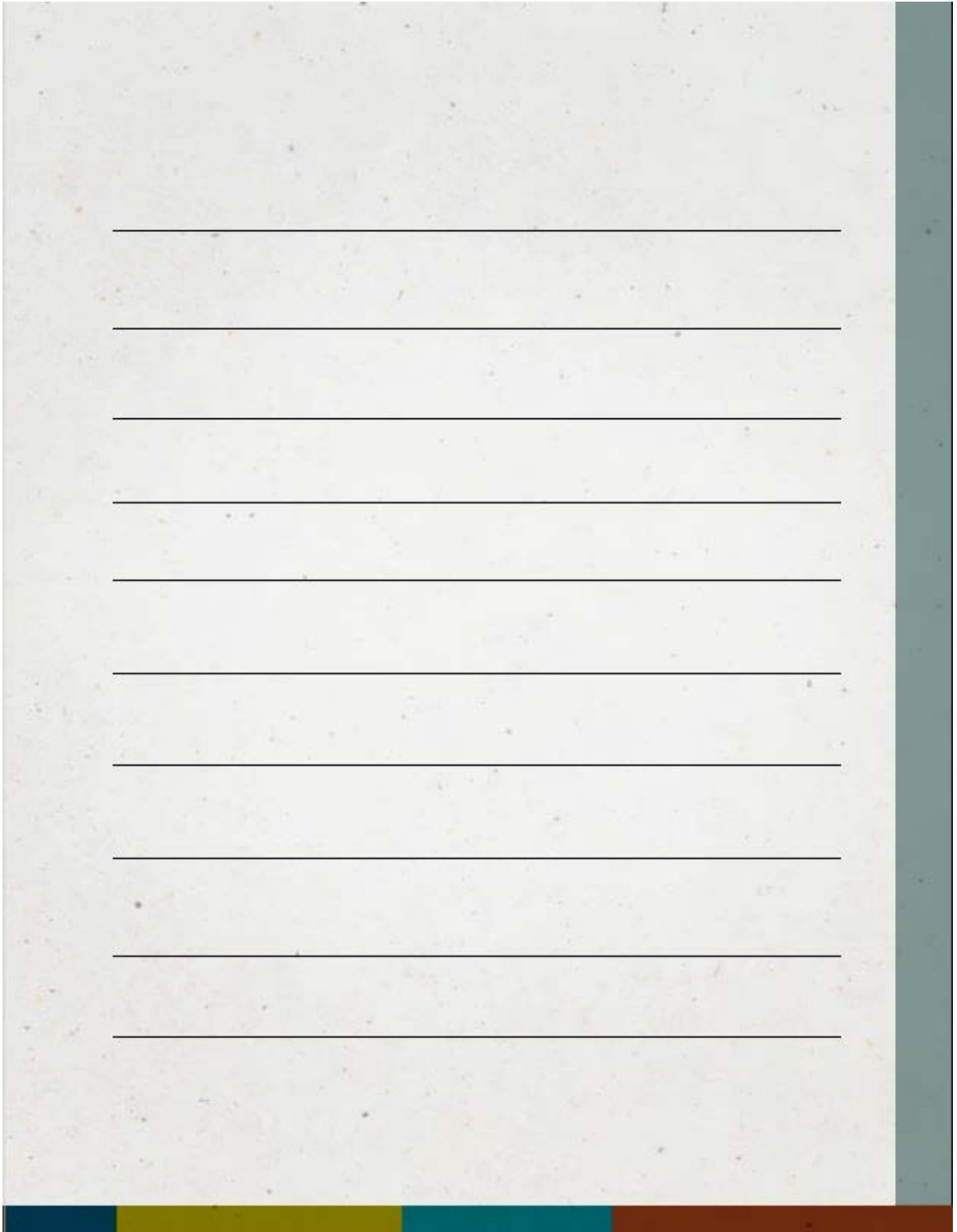
*It is NOT recommended for you to move to unit 2 if your small group and direct supervisor answers "NO" to any of these questions*

**Forecast Questions:**

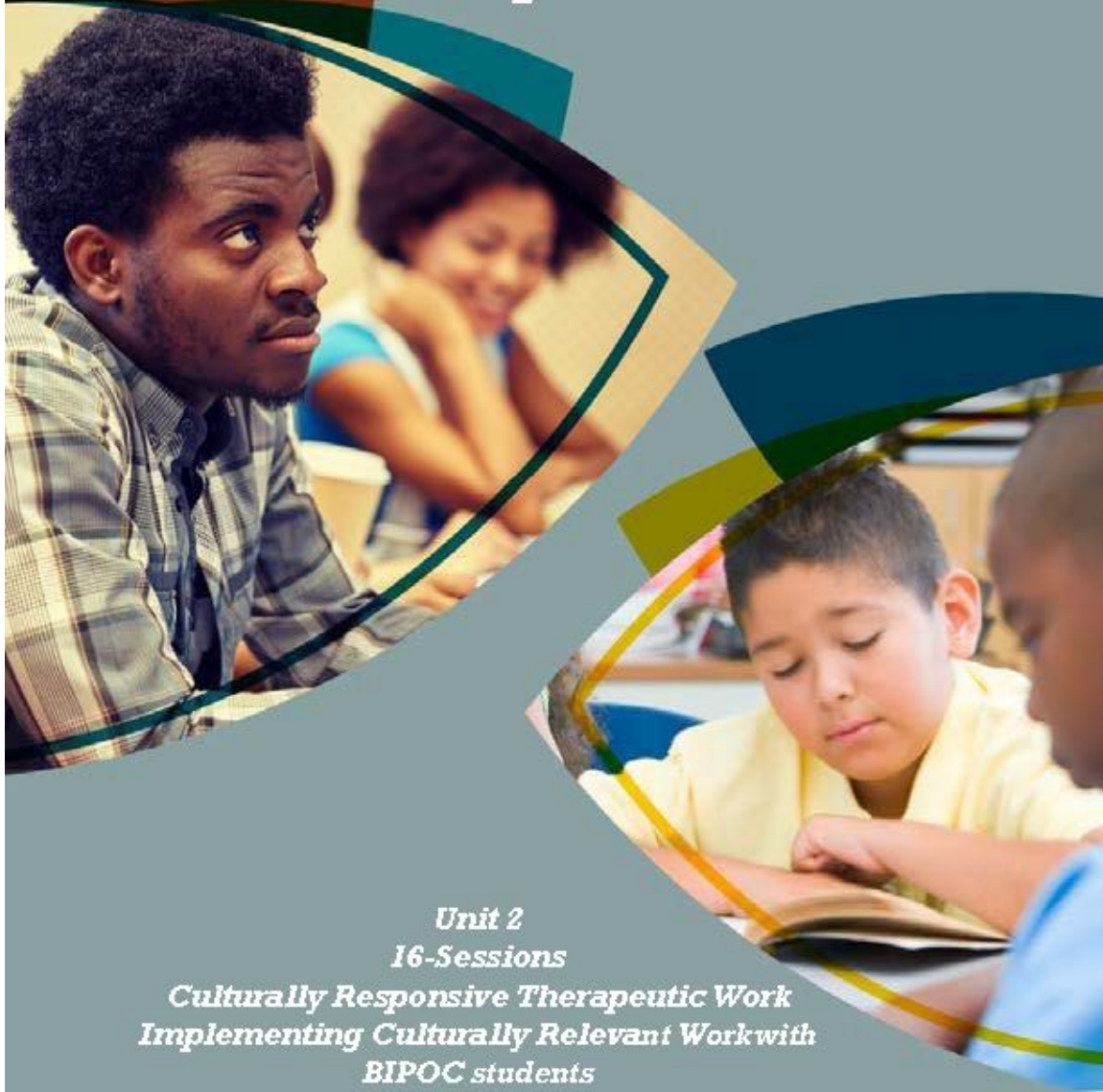
It is **NOT** recommended for you to move to unit 2 if your **small group** **and** **direct supervisor** answers "**NO**" to any of these questions

#	Question	Small Group	Direct Supervisor	Direct Supervisor Signature
1	According to your observations, has this SBMHP fully engaged in unit 1 through thoughtful engagement and discussions of the assessments, concepts list, and data analysis?	YES or NO	YES or NO	
2	According to your observations, has this SBMHP demonstrated to use the concepts and terms from "Operationalize BIPOC Realities" section appropriately, in the right context, and in a sensitive way in their group discussions?			
3	According to your observations, has this SBMHP demonstrated a willingness to gain feedback and make changes as needed?			
*	If answered no to any of these questions, please provide this SBMHP with constructive and helpful feedback sprinkled with love and kindness!!	Helpful Feedback:		





# *Implementation*



*Unit 2*

*16-Sessions*

*Culturally Responsive Therapeutic Work  
Implementing Culturally Relevant Work with  
BIPOC students*

## Unit 2:

### ***Implementation***– CR 16-Session Model

#### Introduction

#### **Unit Purpose**

At this point in the manual, you have completed the necessary Pre-Work, which has brought forth personal cultural awareness, knowledge and integration of culturally responsive language, and the analysis of concrete community data regarding your individual school milieu. Now, you are ready to move along your journey towards the implementation of culturally responsive therapeutic interventions within BIPOC spaces. The overarching goal of these interventions centers BIPOC experiences in schools to promote healing, restoration, and positive progression towards healthier outcomes and excellence.

#### **CR 16-Session Model General Overview**

- This unit will focus on both the manual's primary (SBMHP) and secondary populations (BIPOC students).
- The aim of this unit is to support SBMH providers in having all the tools needed in order to implement culturally responsive therapeutic services within a MTSS framework. Moreover, even if your school district does not officially utilize a MTSS model, it is pertinent that you utilize and integrate some of its key components in order to follow this manual's program to fidelity.
- The aim of this unit is to also ensure that each BIPOC student receives culturally appropriate interventions by culturally responsive SBMH providers (CR-SBMHP).
- The unit is specifically designed for SBMHPs who want to establish a solid foundation around culturally responsive techniques, while learning how to incorporate it into their already implemented therapeutic work. Again, these techniques do not replace your therapeutic work, but augment and enhance what you are already doing.
- Although this session model focuses on BIPOC student populations, these techniques can be generalized to support all the diverse populations represented on your school campus to ensure that all are appropriately served based on their individual differences and needs!
  - **Expound:** *This manual can be generalized using the same framework flow that is present: Education: operationalize that community's reality and gain data around their experiences - Implementation: learn techniques that are uniquely appropriate to the individual differences within their community - Globalization: plan initiatives and professional development activities that can help invite others along the journey of supporting this group.*

- This model is meant to encapsulate the essence of the word “equity” without having “blanket equality.” Equality is not an adverse concept in its totality, but it can be harmful if applied to every context! For example, blanket equality DOES NOT fit the context of this manual!
- Instructional material in this program is designed to be used to fidelity within the context of school-based therapy.
- To ensure appropriate applications of the training materials, each manual user should reference all of this unit’s training instructions and fully participate in the unit’s recommended **Collaborative Pods!**
  - *Expound: Collaborative Pods: Similar to the practice of group supervision when one is training to be a mental health therapist, you will be meeting once a month for the rest of the school year (10 months) with the same small collective group you were in during the Pre-Work unit. These pods are a place where the manual user can collaborate with fellow culturally responsive SEMHPs and gaining timely feedback.*
- It is pertinent to utilize your community of school-based stakeholders to implement this manual. These elements are viewed as **CRITICAL** to the culturally responsive process and the implementation of services.

#### **16. Session Model Theoretical Framework**

- **Interventions** – Culturally Responsive Cognitive Behavioral Therapy (CR-CBT) and Culturally Responsive Strength-Based Therapy (CR-SBT).
- **Peripheral Work** – Social Justice Theory
- **Academic Implication/ Thought Provokes** – Bronfenbrenner Ecological Theory (student context)

#### **Important Message!!**

*The content of this manual is a compilation of foundational works and pedagogy stemming from Social Justice theory, Bronfenbrenner’s Socio-Ecological framework, Culturally Responsive Strength-Based and Cognitive Behavioral approaches, and Multicultural Counseling. The information is condensed and compiled to be applicable for use in a brief therapy model within a school setting.*



## 16-Session Model

**Unit Timeline:** The Culturally Responsive 16-Session meetings should take place during the academic school year.

### **Time Frame Breakdown:**

- ***30–50-minute Sessions:*** Each Session should take place once a week and be held according to the time frame of your school’s class length and/or bell schedule.
- ***1-hour Collaborative Pods*** once a month.

### **Needed Unit Tools:**

- ***Composition book or notebook*** – This is the notebook that you have been using to capture notes throughout Unit 1. You can utilize your notes to support your treatment planning around these 12 Sessions.
- ***Current Manual***
- ***Manual delegated evaluation tools at hand***

### **Unit Description:**

- ***16-Session Model:*** This 16-Session model has 16 core Sessions with two additional Sessions called “Pre-Groundwork” and “Post-Groundwork.” These Sessions will provide an assessment Session for BIPOC students who need therapeutic support, followed by core culturally responsive mental health Sessions, a closing Session, and a post Session check-in. This manual will describe the purpose, goals, and tasks of each Session. This unit will consist of a description of techniques that should be implemented on top of your treatment as usual within each of the 16 core Sessions.
- ***10 Collaborative Pods:*** Within this unit, you will be participating in ongoing monthly 1 hour-long Collaborative Pods that are consultation groups between manual users. This can be done in-person or virtually depending on the time and capacity of the SBMH providers in your school community. This is pertinent to the culturally responsive process and should take place throughout the ten months of the school year.
- ***Peripheral Work:*** Peripheral work is the ongoing role you will play for your students as well as the work you will provide for your BIPOC student clients, while providing them with the 16-Session model.

### **Unit Implementation:**

- ***16-Session Model:*** The implementor should incorporate each technique and strategy to fidelity in order to be culturally responsive according to this manual’s program. In addition to the Sessions stated CR techniques, ***Sessions 1, 6, and 12*** will encompass the implementation of the manual’s evaluation plan assessment tools. These tools will be taken by both the primary (SMHP) and secondary populations (BIPOC students) of focus and will be used at the beginning and end of your 12 Sessions to determine CR therapeutic work efficacy.

- **10 Collaborative Pods:** These pods are made up of the same individuals from your small collective group from the Pre-Work unit. Pods will consist of 10 group meetings for one hour once per month over 10 academic school months (August through May), equaling 10 collaborative pod hours. Within each pod, there will be a mixture of types of peer-to-peer support. Such support can include processing how your therapeutic work is going, taking suggestions about additional supportive interventions, receiving recommendations for implementation strategies, learning about peripheral work that could be done for particular student case and sharing prominent assessment extant community data. In other words, it is important to share how the data has shifted for the BIPOC students that are receiving your services. This is also a time to give counsel and guidance for ways to invite other stakeholders on this journey, as well as ways to implement CR school-wide initiatives so that other students can become fellow advocates and allies.

### Collaborative Pods Discussion Guide

*Utilize this guide to understand the key components of these Pods and how you can utilize them for ongoing support with manual implementation*

- **Consultation:** This is a direct process in which SBMH providers experience growth that is prompted by the interactions occurring between Pod members. This is a time to assist one another with manual-related problem solving and support with the goal of helping to solve specific struggles, gain recommendations and strategies, offer advice and feedback, and reflect on the ongoing process of manual implementation (Banson, n.d.).
- **Free Association:** This is a process where spontaneous discussions can occur “freely” about the manual, its program, your experiences implementing the program, perspectives and or any thoughts and feelings you may want to convey to your pod members. This is a technique that helps process unconscious feelings about the possible challenges that might arise in this culturally responsive journey (Free association, n.d.).
- **Thought Partnering:** This is the process of sharing ideas and experiences with your Pod members with the intention of helping one another navigate complex challenges that may have arose. Unlike advice giving or the concept of mentorship, this form of discussion is mutually beneficial versus one sided (Causeit Inc, n.d.).
- **Peripheral Work:** Below are some examples of roles you can play for your BIPOC student clients while providing key CR mental health services:
  - **Advocator / Advocacy:** Advocacy is any action that speaks in favor of, recommends, argues for a cause, supports or defends, or pleads on behalf of BIPOC youth (What is advocacy? definitions and examples, n.d.).
  - **Counselor/ Counseling:** Assistance and guidance in resolving personal, social, or psychological struggle within the BIPOC student community (Merriam-Webster, n.d.).
  - **Therapist / Therapy:** Treatment intended to relieve or heal within the BIPOC student community (Merriam-Webster, n.d.).
  - **Psycho-Educator:** A systematic, structured, and didactic transfer of knowledge around the arena of psychology to others such as with stakeholders (Psychoeducation - an overview | ScienceDirect Topics, n.d.).
  - **Supporter:** To promote the interests or cause of BIPOC youth (Merriam-Webster, n.d.).

- **Coach:** One who instructs or trains BIPOC youth in a area that will support their social and emotional growth (Merriam-Webster, n.d.).
- **Co-producer:** A therapist who collaborates with their BIPOC student to design their goals and treatment (User, 2020).
- **Activist:** A SBMHP who uses or supports strong actions (such as public protests) in support of or opposition to one side of a controversial issue such as “pro-racist ideology”.
- **Ally/Allyship:** A SBMHP actively promotes and aspires to advance the culture of inclusion through intentional, positive and conscious efforts that benefit BIPOC students as a whole (Atcheson, 2021).
- **Guide:** SBMHP that can lead or directs BIPOC students when needed (Merriam-Webster, n.d.).
- **Trainer:** A SBMHP that guides or instructs to fill a gap in knowledge around a certain area (Merriam-Webster, n.d.).
- **Researcher:** A process in which a SBMHP investigates, or experiments aimed at the discovery and interpretation of facts.
- **Policy Evaluator:** Someone that does a careful appraisal of the policies on school campus that maybe impacting BIPOC students (Merriam-Webster, n.d.).
- **Consultant:** A deliberation between SBMHP on a BIPOC case or its treatment (Merriam-Webster, n.d.).
- **Case Manager:** A SBMHP who assists in the planning, coordination, monitoring, and evaluation of services for a BIPOC student with emphasis on quality of care, continuity of services, and cost-effectiveness (Merriam-Webster, n.d.).
- **Resource Finder:** A SBMHP that helps find a valuable source of supply or support for BIPOC students (Merriam-Webster, n.d.).
- **Collaborator:** A SBMHP who works with another person or group to support BIPOC youth (Merriam-Webster, n.d.).
- **Investigator:** A SBMHP who conducts experiments or is involved in scientific studies for research to ensure that BIPOC youth are receiving equitable support (Merriam-Webster, n.d.).
- **Supporter:** A SBMHP that promotes the interest of BIPOC youth when a need arises (Merriam-Webster, n.d.).
- **Explorer:** A SBMHP that investigates, studies, or analyzes a situation in which a BIPOC student has a issue that needs your support resolving (Merriam-Webster, n.d.).
- **Expert:** A SBMHP that is able to use their special skills and or knowledge that they have mastery in to implement culturally responsive services and globalize that knowledge to other school-based stakeholders (Merriam-Webster, n.d.).



Unit Table: Culturally Responsive Student Client Work 16-Sessions				
Session #	Session Theme	Time frame	Description	Peripheral Work (Ongoing)
0	Pre-Groundwork	30-50 min.	Engaging student and family - orienting the client around CR work Conducting cultural framework interview	Advocator, Collaborator, Resource Finder
1	Groundwork: PreEvaluation Scales	30-50 min.	Diagnostic interview w/Gaining a baseline snapshot of BIPOC students' social and emotional functioning in the 7 areas of negative outcomes	Case Manager
2	Groundwork: Culturally Responsive Mini-Functional Assessment (CRMFA)	30-50 min	Gaining a wholistic baseline functioning of BIPOC students' sociocultural context. Understanding clients' historical context, experiences, culture, and identity, bringing self as the therapist into the room	Case management, Advocate, Supporter, Ally, Policy Evaluator
3	Groundwork: Personhood Introduction	30-50 min.	Understanding client's self-identification for rapport building and mutual respect interactions	Advocacy, Coach
4-5	Groundwork: Cultural Empowerment	30-50 min.	Identity recognition and empowerment	Advocate, Trusted Adult
6	Groundwork: Sociocultural Interconnection, Support Identification, and Goal Setting	30-50 min	Making cultural connections between the past and present for personal and social change. Creating therapeutic goals based off of culturally aware discussions	Advocacy, Trusted Adult, Co-producer, Collaborator, Ally, Researcher, Resource Finder, Case Manager

7-9	Synchronous work: Culturally Responsive Strength Recognition	30-50 min	Highlighting all the strengths identified. Connecting cultural awareness and how to utilize it to reach goals	Advocacy, Co-Producer, Researcher, Investigator
10-12	Synchronous work: Culturally Intuitive Cognitive Restructuring and Family Engagement	30-50 min.	Supporting cognitive change with a culturally empowering backdrop around any cognitive distortions. Engaging a familial unit to widen a support network	Advocacy, Researcher, Investigator, Case Manager, Resource Finder
13-14	Synchronous work: Bicultural Competence Enlargement	30-50 min	Therapeutic discussions on how to draw on all aspects of their cultural identities	Advocacy, Researcher, Investigator, Coach
15	Synchronous work: Decolonizing Colonialistic and Eurocentric Thinking	30-50 min.	Challenging integrated Eurocentric thinking that has led to internal barriers, negative paradigm and outcomes	Guiding, Coaching, Investigator

16	Synchronous work: Reclaiming Cultural Opulence and Termination	30-50 min	Cultural celebration and liberation of self through strength recognition and deconstruction of negative thoughts. Session summarization and conclusion	Advocacy, Coaching, Collaboration, Allyship, Case Manager, Resource Finder
* Extra Session	Synchronous work: Post-Groundwork	30-50 min.	Reconnection and support check-in	Advocacy, Coaching, Collaboration, Allyship, Case Manager, Resource Finder



## Unit 2:

### ***Implementation- CR 16-Session Model***

#### **Session 0**

#### **Sessions 0:** *Pre-Groundwork*

#### **Purpose:**

This Session is called Session “0” for a reason. This is not truly a Session but is the preliminary preparation that you as a culturally responsive mental health provider will need to do in order to make sure that your BIPOC student can hit the ground running when they start their therapeutic process with you. Your purpose and focus should be on *rappor building and therapeutic engagement* with both the BIPOC student and the family system. This is a time period that occurs before you have your first Session. This will ensure that you invite and get to know the diversity of socio-cultural stories that encapsulate your student’s experiences as well as their family unit. This will help you gain context and create an appropriate treatment plan based on their culture, experiences, and perspectives. The purpose of this Session is to implement two major interventions: (1) *Therapeutic Engagement*- to get to know and engage the student and their family; and (2) *Cultural Framework Exchange* – inquiring about sociocultural context.

#### **Academic Implications**

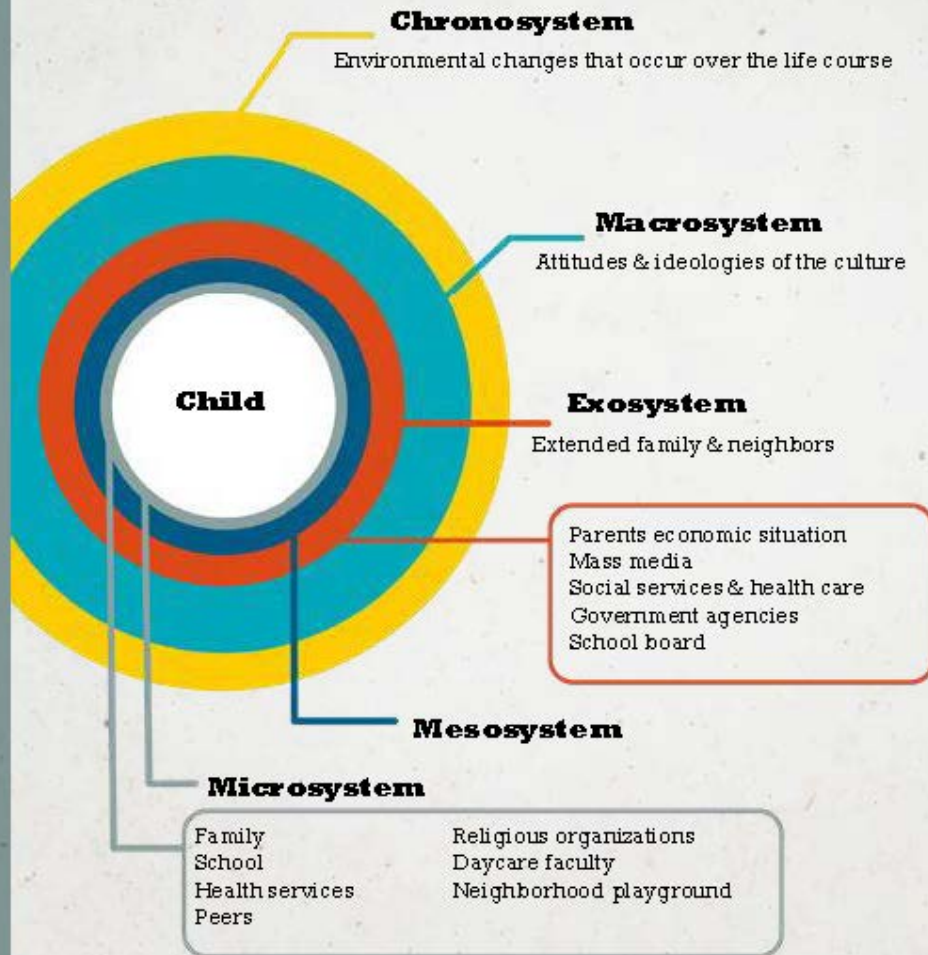
*It’s time to provoke thoughts!*

- Has this student and family unit been engaged or disengaged with the school system?
- If so, how has the school setting encouraged or discouraged their engagement levels based on their sociocultural contexts?

#### **Goals and Tasks:**

- *Therapeutic Engagement:* It is essential for you as a CR mental health provider to utilize systemic and whole-child thinking. This means looking at and considering the impact that their student’s experiences have had on all 5-layers of their social context according to Bronfenbrenner’s Socio-Ecological theory. This also means that you should be attempting to wholistically support your student by engaging as much of their microsystem as you can. You will be doing this by connecting with the student and their family system, especially those who have educational rights over the student.

- *How to view the problem:* Because Bronfenbrenner views the development of youth as a complex system of relationships that are impacted by multiple levels of their environment, from their immediate surroundings that encompass family and school to larger systems like laws and culture, it's pertinent to view their presenting problems in the same way (Guy-Evans, 1970). Ultimately, SBMHP should look at what systems in the BIPOC student's microsystem that is impacting them such as family dynamics, school relationships policies to their Macrosystem such as their cultural identification. Having this lens can support you in knowing the type of support that they may need during your treatment with them.





- *Cultural Framework Exchange (Guardian and Student)*: Once your student and their guardian agree that the student will start meeting with you, you will need to set up a follow-up meeting to conduct your Cultural Framework Exchange. This exchange of information is meant for you to understand the student's and family/guardian's socio-cultural context. This process is loosely structured and should go according to the pace of the guardian and the student's comfortability. You as the provider should ask questions based on your knowledge of the needs of the students. Further guidance on how to engage your student's guardian is provided in the following section.

### **Implementations**

- *Therapeutic Engagement*
  - **Two weeks** before seeing your BIPOC student for their weekly Sessions and/or as soon as you get the student's name through your referral system, you will reach out to them and their guardian (this individual must have educational rights over student). The engagement phase usually requires 2-3 calls. This phase is pertinent for your BIPOC student in order for them to gain "buy-in." Without "buy-in" there will be no willingness to participate in treatment. Regarding the Guardian, "buy-in" is also important to ensure that the student has both the legal permissions to see you as well as the support needed from their home setting in their therapeutic journey. Below should be the order in which you proceed with your pre-groundwork or Session "0".
  - **Therapeutic Engagement Steps**
    - 1 **Step 1- Reach out to the "student"**: It is important to meet with the student first before reaching out to their guardian. By doing this, you gain their trust by not "going behind their back" and allowing them to have ownership over the decision-making process around their treatment. As a marginalized population, this feeling of powerlessness is often prevalent. This is also a time to allow the student to briefly get to know you again and for them to feel like they have agency to either agree or disagree with your services. Moreover, this helps create the understanding that therapy is not mandated or a punishment for whatever they were referred for.
      - *Sample Dialogue: "Hello, my name is Ms. Taniasha and I am a counselor here. My duty as a counselor is to provide social and emotional support. I received your name from your teacher that thought you may be interested.....It's totally ok if you're not, but it's always nice to have a space to process your feelings without judgement and gain support confidentially. If you don't mind me asking, how do you culturally identify? This is also a good space to talk about what it's like for you to identify with culture here at school. I am a huge advocate for making sure that every student gets the proper support they need! Just let me know if you are interested."*

**2 Step 2 – Reach out to “guardian”:** Once you get the “green light” from your student to start the therapeutic process, then it’s time to reach out to their guardian and/or family unit. Language is important in the world of cultural responsiveness, so using the word “guardian” and “student” does not suggest a preconceived relationship title between the student and their caregiver. For example, a student might live with a grandparent, but you as the provider might insinuate that they need to go home and ask their “mom” if they can start counseling. This could be detrimental to therapeutic rapport and “buy-in.”

- o When reaching out to the student’s guardian, it is important to cover some main components such as introducing yourself and your role in the school district, stating the purpose of the call, helping to orient them to your therapeutic work, style, and culturally responsive lens, describing the therapeutic process, introducing the level of participation needed from them as a part of the student’s support system, and getting any procedural agreements or documentation out of the way (i.e., consents, documentation, knowledge about any scales given to student, etc.).
- o This is also a good time to set up all follow-up meetings in order to conduct your Cultural Framework Exchange Interview.

*Sample Dialogue:*

*“Hello, may I please talk to the guardian of Jordan. My name is Ms. Tanisha and I am a counselor at your student’s school [pause and respond] .....*

➤ *I received your student’s name from their teacher who thought he would benefit from some extra support around a..... situation (It is pertinent to use the word “support” considering you do not yet know the family’s relationship, understanding, and/or beliefs about mental health). I have already talked with Jordan, and he is interested. I would see him for 16 meetings once a week during P.E., so he wouldn’t miss academic class instruction. [pause and respond] .....*

➤ *I am a counselor that truly believes in supporting all students and culture is a huge focal point in my meetings. Do you have any questions or concerns for me?” [pause and respond] ....*

- *Cultural Framework Exchange Interview (Guardian and Student)*
  - **Student:** This exchange from the student's perspective will take place during your initial/ pre therapy meetings with your BIPOC student.
  - **Guardian:** This exchange from the guardian's perspective will take place during your initial/ pre therapy meetings with your BIPOC student.
  - Below are some key components that should be covered in this interview: *These questions should be adapted to whether you are speaking to the student, guardian/family member*

**Cultural Framework Exchange Interview**

- What is their identified culture?
- What are their experiences with the school system?
- What are their beliefs about mental health?
- What are their concerns and beliefs about the presenting problem?
- Who are their sociocultural support networks?
- Are there any known cultural assets and/or barriers to the therapeutic process (family support, beliefs about healing, perspectives about physical and emotional health, etc.)?
- Who lives in their home?
- What are the expectations for grades and daily structure?
- What does life look like after school?
- What are some major transitions in their lives that have occurred in the last year, and also over their lifetime?
- How are household duties distributed at home?
- What role does food and dinner play in the home?



- What is their preferred language?
- What is their family history around mental health?
- What are their guardians' experiences growing up?
- What is their country of origin?
- Is there any political impact on the family system?
- What is their immigration story (if applicable)?
- Is there any known multigenerational trauma as a collective cultural group, in a family unit, or on an individual level?
- What is their pregnancy/child rearing story?
- What are the biggest worries for the student or for yourself (ex: police brutality)?
- What are their thoughts about their student's safety and how to stay safe at school?
- What lessons or values do they feel are important for their student to know?
- What sayings are common in their family system (i.e., my dad always says...)?
- What are their expectations for themselves and/or the student when they are out with friends?
- What are some rules in the home (i.e., not allowed to wear a hoodie outside the house)?
- Are they a first-generation graduate?
- Is there anything else they would like me to know?

#### **Key Interventions**

- Empathetic Listening
- Socratic Questioning
- Validation
- Normalization
- Strength Highlighting

#### **Recommended Peripheral Work**

*Based on your information given, this student and family may need you to communicate and advocate on their behalf with the school setting, in order to help them re-engage with it. They may also need resources.*

- Advocate
- Collaborator
- Resource Finder

**Unit 2:**  
***Implementation***- CR 16-Session Model  
**Session 1**

**Session 1:** *Groundwork- Pre-Evaluation Scales*

**Purpose:**

In addition to the work that you already provide to your students in Session 1, you will add a time for your student to participate in a series of pre-evaluation scales. These scales will allow you to gain a snapshot and a baseline of your student's current social/emotional and sociocultural functioning in the 7 areas of negative outcomes that are most common for BIPOC student populations. Area 1 will measure the student's *social and emotional functioning* through the PHQ-9 (depression) and the GAD-7 (anxiety). Area 2 will measure *feelings of wellbeing* through the WHO-5. Areas 3 will measure *academic success* through the student's GPA. Area 4 will measure *punitive events* through the extant school data. Area 5 will measure *mental health treatment satisfaction* through the Session Rating Scale (SRS). Area 6 will measure *stress levels* through the Perceived Stress Scale (PSS). Lastly, area 7 will measure the student's feelings of school engagement and community through the Sense of Community Index (SCI).

**Scales**

1. General Anxiety Disorder-7 (GAD-7): 7 questions
2. Patient Health Questionnaire (PHQ-9): 9 questions
3. The World Health Organization - Five Wellbeing Index (WHO-5): 5 questions
4. Extant Data: No questions
5. Grade Point Average (GPA): No questions
6. Session Rating Scale (SRS): 4 questions
7. Perceived Stress Scale (PSS): 10 questions
8. Sense of Community Index (SCI): 12 questions

**Academic Implications**

*It's time to provoke thoughts!*

- How does this BIPOC student's social and emotional functioning impact them in the school setting?

### **Goals and Tasks:**

- *Pre-Evaluation Scales:* All seven of these scales total 47 questions. For an adolescent, this may seem daunting and unnecessary, so it is pertinent to be creative insofar as how you get them to answer these questions.
- *Goal:* The main goal is to have your student complete these scales to better inform your treatment planning, as well as the areas that you need to pay extra attention to. It is important to keep your culturally responsive hat on while scoring these, to see what social justice elements are at play and how that might be impacting the way they are self-reporting. This may look like you as the SBMHP investigating how the school culture and policies might be at the foundation of your BIPOC students reporting rationale. Being culturally responsive may also look at the norms of the students culture around the results from the assessment tool, analyzing the students experiences and how that might be impacting their scores, being careful not to stereotype or generalize when interpreting results and not assuming you know what is happening for the student just because their assessment results eluted to a certain problem.

### **Implementation**

- *Pre-Evaluation Scales:* This Session may take longer than usual (i.e., 1-2 class periods), so you will need to prepare your student for this before the Session starts. Incentives may also be needed to increase your student's willingness to participate in the scales, such as food, candy, a small token, etc. Finding the right strategy to complete these pre-evaluation scales is important and should be tailored to each individual student's capacity and needs.

*Below are different strategies that can be used in this endeavor:*

- *In-Session Completion:* The SBMHP could give all 6 scales to be completed independently in Session.
- *In-Session Completion:* The SBMHP could proctor the questions by reading the questions out loud to the students, and the scales can then be done together.
- *Out-of-Session Completion:* The SBMHP can give the students the scales to complete outside of school and bring them back by the next Session.
- *Hybrid Completion:* Half of the scales can be completed in Session and the other half outside of Session.

### **Important Message!!**

Each school/school district is responsible for gaining the proper permissions and purchasing of each one of these tools to avoid copyright restrictions. Each tool has their own distinct instructions on how to obtain permission for use. It is up to your district to gather this information at the time of purchase and or use.

### **Key Interventions**

- Therapy
- Psychoeducation

### **Recommended Peripheral Work**

*Depending on their pre-scale outcomes, you may need to refer students to outside resources and providers. Your BIPOC student may have significant mental health needs that are outside your scope, in which case they would need co-occurring support services that address their mental health needs.*

- Case Manager



**Unit 2:**  
***Implementation- CR 16-Session Model***  
**Session 2**

**Session 2:** *Groundwork Culturally Responsive Mini-Functional Assessment (CRMFA)*

**Purpose:**

In addition to the work that you are already doing, this Session is meant to help the culturally responsive mental health provider understand their BIPOC student's baseline, culturally, socially, and emotionally. The main objective is to gain concrete information about the student's referral and current social and emotional functioning. This type of assessment will encompass multiple processes to complete. Different individuals will be filling out this set of information. After your BIPOC student answers questions 1-20, questions 15 through 23 will be answered by three other groups of individuals, and questions 24 and 25 should be filled out by you, the provider.

**Academic Implications**

*It's time to provoke thoughts!*

- How does this BIPOC student function in the school setting?
- Based on your analysis of each individuals' responses on the CRMFA, how do each of their responses relate to your BIPOC student?

**Goals and Tasks:**

- 1) *Completion:* Completing the CRMFA by the (1) student, (2) guardian/family member, (3) teacher, and (4) trusted adult.
- 2) *CRMFA Analysis:* Analyzing the data gained to inform your future treatment planning.



**Implementation:**

1) *Completion*

- This activity requires some out-of-Session leg work. Please reference the CRMFA Process below
- Implementing this assessment with the student should take 15-20 minutes out of your second Session meeting
- *Culturally Responsive Mini-Functional Assessment (CRMFA)*:

*CR Mini-Functional Assessment Process CRMFA*

1. **Consent to treat:** This is for reoccurring assessment meetings. This should be obtained once your BIPOC students and their guardian agrees to ongoing sessions. Please refer to your district's HIPAA/FERPA protocol around consenting for treatment.
2. **Release of Information (ROI):** If applicable, to consult with outside services and providers
3. **Stakeholder Collaboration:** To collaborate and or consult with guardians and trusted adults on campus (i.e., teachers, coaches, instructional aids, guidance counselors, etc.)
4. **Blank CRMFA:** Having the CRMFA questions in front of you while meeting with stakeholders and students
5. **Scheduled observations:** 3 different times and settings on school campus
  - o Questions 1-15 should be gained through the student/guardian report and/or school platforms that house student demographic information. Questions 16-24 should be gained through extensive interviews with cultural awareness as a backdrop. Questions 25-26 should be you as the assessor connecting the pieces together and thinking about treatment planning based off of information gained.

*Culturally Responsive Mini-Functional Assessment (CRMFA)*

*BIPOC Student Report Only*

1. Student:
2. Student ID:
3. Grade:
4. Primary Language Spoken in the Home:
5. Primary Language Spoken by the Student:
6. Education Status (General or Special Education):
7. Date of Birth (DOB):
8. School:
9. Age:
10. Identified Race/Ethnicity:
11. Gender Identification:
12. Pronoun:

13. Cultural Identification: (please name all intersectional elements in students' life. Example: A student may identify as Native American, Transgender male, and a part of the Native Shaker Religious community)
14. Guardian:
15. Guardian relationship:

*Student, Guardian/Caregiver, teacher, and a trusted adult on campus  
(i.e., teacher, coach, instructional aide, etc.)*

16. Referral Source: \_\_\_\_\_
17. Presenting Situation: \_\_\_\_\_
18. Contextual Factors in Situation: \_\_\_\_\_
19. Main Concerns: \_\_\_\_\_
20. Risk Factors: \_\_\_\_\_
21. Protective Factor: \_\_\_\_\_
22. Student Strengths: \_\_\_\_\_
23. Student Growing Edges: \_\_\_\_\_
24. Relationship between Cultural factors and presenting problem:  
\_\_\_\_\_

*Culturally Responsive School-Based Mental Health Provider  
(CR-SBMHP)*

25. Clinical Impressions: \_\_\_\_\_
26. Action Recommendations: \_\_\_\_\_



### **CRMFA Example Verbiage**

*(Below are some interpretations and examples of how to navigate and disseminate a CRMFA)*

1. **Student:** Jordan Johnson
2. **Student ID:** 012345
3. **Grade:** 10th
4. **Primary Language Spoken in the Home:** English
5. **Primary Language Spoken by the Student:** English
6. **Education Status (General or Special Education):** Special Education
7. **Date of Birth (DOB):** 5/6/2006
8. **School:** Acme High School
9. **Age:** 16
10. **Identified Race/Ethnicity:** Native American
11. **Gender Identification:** Transgender Male
12. **Preferred Pronoun:** He/Him
13. **Cultural Identification** *(please name all intersectional elements in students' life):* Native American, Transgender male, and a part of the Native Shaker Religious community.
14. **Guardian:** Sally Johnson
15. **Guardian relationship:** Grandmother
16. **Referral Source** *(Who observed and reported the students struggles):* Jordan was referred for school-based mental health services by his special education case manager Mr. Anderson.
17. **Presenting Situation** *(What struggles are being seen):* Currently, Jordan struggles with feelings of anxiety, low mood, and behavioral challenges, which have impacted his ability to be successful in the school setting. Such challenges encompass engaging in avoidant behaviors, having cognitive distortions about his self-worth and abilities, being easily triggered and overwhelmed, lashing out at student and teachers, and having a hard time concentrating and focusing. Due to these challenges, the student is experiencing failing grades and overall low school and academic success.
18. **Contextual Factors in Situation** *(what factors are aiding in the presenting problem):* Jordan is often teased by his peers for his cultural identity and beliefs. He also has witnessed community violence by the police towards his community members. His grandmother is supportive of his transgender identity.
19. **Main Concerns:** Jordan's social and emotional functioning and academic success
20. **Risk Factors:** Previous hospitalizations
21. **Protective Factors:** Supportive grandmother and strong ties to his spiritual/religious beliefs
22. **Student Strengths:** Artistic and a communicator
23. **Student Growing Edges:** Low frustration tolerance

24. **Relationship between Cultural factors and presenting problem:** Even though Jordan has strong spiritual beliefs, this can cause a low mood due to conflicting values and beliefs
25. **Clinical Impressions** (*what is your take on the current presenting problem*): In this assessor's clinical opinion, the student currently struggles with moderate (up to severe) anxiety and depression-like symptoms due to experienced racially motivated incidents on campus as well as various other traumatic events in his community concerning his gender identity. Such events have led to symptoms such as consistently worrying, engaging in avoidant behaviors, lacking motivation, and having an overall low mood. In this assessor's opinion, his symptoms adversely impact his ability to benefit from his education and to function effectively in an educational environment.
26. **Action Recommendation** (*what can be done to support the student based off your gathered assessment information and your knowledge of their sociocultural experiences*): Considering Jordan's mental health symptoms that have caused marked impairments in his academic success, he would benefit from therapy and intentional supportive services (i.e., individual, group, counseling support, check-ins, home visits, and participation in affinity community settings)

2) **CRMFA Analysis**

- This is a time for you to take the information gained from this assessment and start to piece together how this student's sociocultural context has impacted his mental health, academic functioning and/or 7 major areas of negative outcomes.
- Keep in mind that each of the following factors has to do with his:
  - Social justice rights
  - Socio-ecological layers
  - Strengths
  - Cognition (thought process about school and life)
- It is pertinent to utilize your Collaborative POD consultation group to discuss the information given and get real-time feedback to support your analysis of the information gained about your BIPOC student.

**Key Interventions**

- Empathetic Listening
- Socratic Interviewing

### **Peripheral Work Recommendations**

*Based on the information the student and family give you during your interviews, you may need to reach out to other providers, collaborate with teachers/staff/faculty, and/or start the process of restoring the student back into the school setting. You may also need to advocate for other services such as a 504 plan, IEP, or any other accommodations. You may need to attend any discipline meeting to support your BIPOC student in understanding the dialogue that is happening, communicate those discussion points to guardians, as well as ensure that the disciplinary action is equitable!*

- Case Management
- Advocate
- Supporter
- Ally
- Policy Evaluator



**Unit 2:**  
***Implementation- CR 16-Session Model***  
**Session 3**

**Session 3:** *Groundwork- Personhood Introduction*

**Purpose:**

In addition to what you already provide to your students during Session 3, you will also add a time for your student to participate in a discussion about their personhood. This activity supports rapport-building by giving you as the SBMH provider a chance to model what genuine respect looks like for their individual differences. Your appropriate curiosity can, in turn, ignite and translate to them respecting their own sociocultural identity as well as others. This also gives you more information for treatment planning.

*Personhood* by definition is a state of being an individual and having individual human characteristics and feelings (MIU School of Medicine, n.d.).

**Academic Implications**

*It's time to provoke thoughts!*

1. How does your BIPOC student's personhood show up in the school setting?
2. Has your BIPOC student had experiences where their personhood has been respected, disrespected, or violated in the school setting?

**Goals and Tasks:**

- *Personhood Introduction*: This is a specialized introduction that makes sure that you know how to address the students based on their individual differences. This is how you should address them in every interaction moving forward.

**Implementation**

***Personhood Introduction (First 10-15 minutes):***

- a) Start by praising their courageous willingness to participate in this journey and meet with you.
  
- b) Then, you yourself answer the below 4 questions to model how you would like your own personhood to be acknowledged and addressed. This is a great way to model mutual respect for each other's personhood.
  - (1) What is your pronoun?
  - (2) What is your cultural identification?
  - (3) What is your preferred name?
  - (4) Is there anything else you would like me to know so that I can fully respect your personhood?
  
- c) Then, explain that you would like to ask them the same 4 questions to make sure you are aware of how they identify and would like to be addressed:
  - (5) What is your pronoun?
  - (6) What is your cultural identification?
  - (7) What is your preferred name?
  - (8) Is there anything else you would like me to know so that I can fully respect your personhood?

**Key Interventions**

- Empathetic Listening
- Socratic Interviewing
- Empathy
- Validation
- Praise
- Empowerment

**Peripheral Work Recommendations**

*Based on the information of the student, do any restorative practices need to take place between your student and a peer, staff, or faculty member? Do they need coaching on how to have any hard conversations?*

- Advocacy
- Coach

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**Unit 2:**  
***Implementation- CR 16-Session Model***  
**Sessions 4-5**

**Sessions 4 and 5: Groundwork - Cultural Empowerment**

**Purpose:**

- These Sessions are called “Cultural Empowerment” because you are supporting your BIPOC student in taking back power around their school referral narrative as well as their cultural experiences and story
- School can be a scary place when you are in the minority, so empowering BIPOC students’ sociocultural experiences helps them be who they are in their school setting!
- In addition to the work that you will already provide to your students, during Sessions 4 and 5, you will add specific and purposeful interventions and discussions to get a better understanding of why your BIPOC student was referred to participate in your school-based mental health program. This will also help start the process of getting to know them and their story. This will occur through specific discussion prompts where you both will get acquainted with one another and will be able to normalize feelings or frustrations, gather information about their sociocultural contexts, and understand their perspectives.
- The main objective for this focal area is building rapport through empathy and gaining a deeper understanding, while leading with cultural awareness. This specific type of rapport building can allow your student to lower their walls and invite you into their world. This will reveal how they are being impacted by different elements in their life, which allows you to identify strengths, areas that you can advocate for them, recognize patterns of cognition that are driving unhealthy behaviors and spot fragile areas you can help empower.

**Academic Implications**

*It’s time to provoke thoughts!*

1. Why was your BIPOC student referred to counseling?
2. How has that referral shaped how they think about themselves and their capabilities in the school setting?
3. How has their referral reason disempowered them?
4. What school-based negative outcome has this referral reason led to?



### **Goals and Tasks:**

- *Understanding Interview:* When you are implementing understanding, it is essential that the therapy does not move too quickly. Depending on the BIPOC youths' experiences with mental health counseling, this population has statistically reported mistrust of mental health providers. Their ability to understand their unique experiences makes them avoid these interactions and makes them weary of this treatment's ability to help support them. Due to this, the main intervention involves conducting an *Understanding* and *Empathy Interview*. These interviews are critical to the therapy's success and an ample amount of time should be devoted to them, which will support the establishment of a trusting relationship between you and your BIPOC student.
  - *Understanding Interview:* This interview is brief and only encompasses two elements: (1) asking the student's perspective of why they were referred to see you; and (2) giving your perspective of why you think they were referred to see you. Transparency within reason is key to this short interview, as it allows the student to see that you are not hiding anything from them.
  - *Empathy Interview:* This is a dialogue that consists of a series of open-ended questions tailored to the interviewee. Although the questions are customized for the individual, there are general guidelines that can support you as the provider when embodying the principals of empathy interviews, which are intentional, human-centered, culturally responsive, and equity-focused.



### **Implementation**

- *(Session 4) Understanding Interview:*
  - The first 15 minutes should be given over to this interview.
  
- *(Session 5) Empathy Interview:*
  - The first 15-20 minutes should be given over to this interview.
  - Introduce the interview by:
    - *Describing why you are doing the interview.* Example: “to help me better understand who you are and your experiences”
    - *Explain how you will use the information.* Example: “everything is confidential, and this information will only be used to help our work together”
    - *Further explain confidentiality.* Example: “what is said in this room stays in this room except if there are any safety related concerns”
    - *Highlight the voluntary nature of the interview*
  
- **Pay attention to yourself and to the student throughout the interview:**
  - *Create space:* Be aware of the student’s verbal and non-verbal cues. Make sure they have the space to speak their truth, but they should never feel forced to share their story. If they are feeling overwhelmed, feel free to pause the interview
  - *Be neutral:* Try not to imply that there is a right answer
  - *Be conscious of your own biases:* Be open to how your own identity might shape what others may share with you. Don’t be afraid to challenge your own biases when you recognize them
  - *Note take:* Take notes to remember key points, as long as it doesn’t impact your rapport with your student
  - *Ask follow-up questions:* Don’t be afraid to really engage with your students’ story by asking follow-up questions, if appropriate. Also, circle back to areas that might be concerning and need more support (i.e., something that might trigger your mandated reporting status).

- Utilize the empathy interview tool:

## Empathy Interview Tool

Pre-Interview planning		
Steps	Purpose	Mindful Implementation
Remember your why	To understand the root cause	- This should complement the other survey/assessment tools given
Be aware of who you are interviewing	Whose stories need to be heard. BIPOC stories!	- Listen deeply to these students and their families who have been historically marginalized by our society and school system
Be aware of self in the room	Who is conducting the interview? You as the SBMHP	- Power Dynamic: Consider how your race, position, age, ability or identified gender might play out during the interview. Intentionally work to reduce any harm - Language: Utilize language that the student is aware of - Community: Utilize these interviews with others in the student's community such as family members.
Analysis	To analyze the data	- Capture and highlight pertinent quotes, patterns, themes, and prominent stories.

Interview Questions	
#	Questions
1	Tell me about a time when you felt that you were not respected by a teacher or by any adult at school?
2	Tell me about a time when you felt that you were not respected by a peer at school?
3	Tell me about the last time you felt included/excluded at school?
4	What are your best/worst experiences with school?
5	Can you share a story that would help me understand more about your identified culture?
6	Tell me what it is like to be you on a daily basis?
7	Tell me what it is like to be a part of your identified culture? What would be my best/worst experiences identifying with this culture at school and in life?
8	Create your own question.
Question Creation Guidelines	
<ul style="list-style-type: none"> <li>▪ Typical empathy interviews encompass 4 to 8 questions</li> <li>▪ They are story based</li> <li>▪ They are open-ended</li> <li>▪ They should be followed up by open-ended clarifications and/or prompt such as: "tell me more," "why?" and "what were you feeling when?"</li> </ul>	

#### **Key Interventions**

- Empathy
- Validation
- Socratic questioning
- Curiosity
- Acknowledging vs. dismissive
- Connection making

#### **Peripheral Work Recommendations**

*Based on the information the student gives you, does the student need to widen their school-based support network?*

- Advocacy
- Trusted Adult

**Unit 2:**  
***Implementation- CR 16-Session Model***  
**Session 6**

**Session 6:** *Groundwork- Sociocultural Interconnection, Support Identification and Goals Setting*

**Purpose:**

You are now deep in the journey with your BIPOC student. Like you, they have shared some pertinent information about themselves and trust that the listener has genuinely respected their individual differences. Building on this level of rapport, the purpose of this Session is to make cultural connections between their past and present for personal, social, and academic change. At this stage, there will be a co-collaborative effort to make therapeutic goals based off the culturally aware discussions that have been taking place, as well as an agreement on the type of peripheral support the BIPOC student needs from you as their CR-SBMH provider.

*\*Interconnection:* By definition, interconnection is how elements connect to one another or become mutually connected.

**Academic Implications**

*It's time to provoke thoughts!*

1. How can you be a co-producer and support your BIPOC student in creating goals that will engage them back into their school setting, decrease the prominent school-based negative outcomes that have or will be occurring, and empower their family system to achieve these goals?

**Goals and Tasks:**

- *CRMFA Analysis Results Discussion:* In this Session, you will have some transparency around what you see from the compilation of CRMFA results. Show discretion and wisdom around what and how you share your observations based on the student's individual differences and personhood.
- *Culturally Responsive Goal Setting:* You will also be focusing on creating goals based on your results from the CRMFA and your discussion with your BIPOC students. You are 6 Sessions into your work, meaning you have had 6 core rapport building Sessions, so any goals created should be attainable and empowering for lasting change that surpasses your work with them.

### **Implementation**

- *CRMFA Analysis Results Discussion (15 minutes)*: For this intervention, you will take the results from your CRMFA and share your analysis with your BIPOC student. This should be done with the highest discretion. Only share what you think is profitable for the student to hear in order for them to make connections between their sociocultural context, their current challenges, and their current strengths/ successes.
  - A clear interconnection between these elements should be made.
  - Address any concerns that are related to the BIPOC students' race, ethnicity, religion, gender identification, familial income, disability, or other social factors that fall outside the majority of society (i.e., oppression, racism, marginalization, etc.).
- *Goal Setting (15 minutes)*: It is important to allow your BIPOC student take the lead when creating their own goals for your work together. Although, they have been referred to you for treatment for specific challenges, it is important for them to feel empowered and have agency around their treatment. They are the experts in the room insofar as their sociocultural and school-based lived experiences and challenges. They have now heard your analysis of the CRMFA assessment and can use that as a jumping-off point to create their goals. Your role will simply be to act as a guide and co-producer around how to set goals that encompass both their referral concerns as well as their own personal challenges. You can highlight areas they might want to consider.

o **Therapeutic Work Surpassing Goal Example:**

\_\_\_\_\_ will utilize skills associated with Advocacy and Positive Coping skills in order to cope with feelings of being triggered, having low motivation, and/or emotional dysregulation when \_\_\_\_\_ incidents arise as observed by the therapist, support individuals, self-reported by the student report, staff report and/or by observation. \_\_\_\_\_ will positively move towards this goal by identifying their triggers, emotions, and thoughts as well as articulate those to their trusted adult, counselor, or other school staff. \_\_\_\_\_ will engage in appropriate communication when feeling triggered, instead of engaging in self-defeating behaviors, with 60% consistency in 3/5 observational periods in order to increase appropriate use of coping skills while in the school setting. \_\_\_\_\_ will also advocate or ask for support if they are feeling discriminated against for any reason. Lastly, \_\_\_\_\_ will integrate healthy cultural communication towards themselves and utilize identified strengths based on socio-cultural contexts and backgrounds when future challenges arise.

**Benchmark 1:** When encounters feelings of stress and is overwhelmed due to daily stressors, they will identify their feelings, thoughts, and emotions as measured by self-reporting 75 % of the time.

**Baseline:** Current Functioning is at 60%

**Benchmark 2:** When encounters feelings of stress is overwhelmed due to daily stressors, they will communicate and process their feelings, thoughts, and emotions 65% of the time with their counselor and/or trusted adult.

**Baseline:** Current Functioning is at 50%

**Benchmark 3:** When \_\_\_\_\_ encounters feelings of stress and is overwhelmed due to daily stressors, he will utilize positive coping skills to support his anxious feelings, thoughts, and emotions with 60% consistency.

**Baseline:** Current Functioning is at 45%

### **Key Interventions**

- Naming
- Recognizing
- Highlighting
- Awareness
- Sensitivity
- Understanding
- Empathy
- Advocacy

### **Peripheral Work Recommendations**

*Based on the goals that were created, it is time to identify some areas where you can conduct some peripheral work. This work is done outside of your Sessions with your BIFOC student. For each task, you would need to obtain your student's verbal consent and permission. Do not share any sensitive information without the student agreeing. This includes communicating with teachers, case managers, principals on their behalf, sitting in on any disciplinary Sessions with the school principal or dean, attending IEP meetings, etc.*

- Advocacy
- Trusted Adult
- Co-producer
- Collaborator
- Ally
- Researcher
- Resource Finder
- Case Manager





**Unit 2:**  
***Implementation***– CR 16-Session Model  
**Sessions 7-9**

**Sessions 7-9:** *Synchronous Work - Culturally Responsive Strength Recognition*

**Purpose:**

In this Session, you will be focusing on supporting your BIPOC student when identifying their strengths and what they bring to the table as a person and a student. These strengths are pertinent insofar as your BIPOC student achieving the goals that were created in the last Session. Knowing their current challenges, referral situation, and sociocultural background, you as the SBMH provider can help them identify how they can navigate these dynamics with the internal tools they have already pulled from their experiences, the individuals they know in their identified community, and those in their sociocultural background. An important part of this practice is to support them in doing things for themselves with you as a co-producer of solutions and investigator of strengths.

- *Background:* Strength-based approaches value every person's capacity, skills, knowledge, connections, potential, and community affiliation. Focusing on their strengths does not mean you ignore challenges, but it does mean you utilize their highlighted strengths to overcome them. The focus of this concept is not problems or deficits, but the internal resources they have at their disposal.

**Academic Implications**

*It's time to provoke thoughts!*

1. What inherent strengths has your BIPOC student shown you in Session thus far?
2. How can you identify their strengths based off the stories they have told you? (i.e., resiliency)
3. What could they use in their sociocultural background as a strength in the school setting?
4. Who could they rely on as a source of strength from their identified cultural community?

### **Goals and Tasks:**

- *Investigating and Recognizing Strengths:* With this task, your goal is to discover as many strengths as possible that your BIPOC student may have. When looking for strengths, don't forget to look at the whole child and every aspect of their lives including their identified culture.
- *Resource Finding:* With this task, there is an opportunity to explore the various resources in their lives. It could be family, friends, community members, trusted adults, etc. Each resource in their lives can play a role in supporting more positive outcomes in their lives. This is also a chance to highlight who they have in their corner, which can support the mitigation of loneliness as well as show them role models that look like them. It is difficult to strive towards excellence if you don't see people like you being excellent!
- *Applicability Testing:* The goal of this task is to take your findings of both strengths and resources and apply them to the various challenges and negative outcomes that they are experiencing in the school setting.

### **Implementation**

- Each task should be implemented within the first 15 minutes of each Session.
- *(Session 7) Investigating and Recognizing Strengths:* It may be difficult for your student to think of strengths, as it is typical for anyone to blank when thinking about their strengths. Be aware that some cultures, including American culture, could frown upon talking about oneself positively. It could be looked at as "boasting," "prideful," and/or "not in good taste." Due to this, it is important for you to navigate this discussion with wisdom and discretion. To help with this, start the discussion with your observations of their strengths based on your knowledge of the BIPOC student, and then let them join into the discussion based on their comfortability. Follow the steps below to guide this exploration and recognition:
  - Reflect on your knowledge of your BIPOC student and share the strengths you have either observed or heard about in their stories.
- Then, curiously investigate:
  - How does their culture look at problems and obstacles?
  - What are their habits?
  - What have they done in the past to overcome obstacles?

- *(Session 8) Resource Finding:* With this task, there is an opportunity to explore the various resources in BIPOC students' lives. These include family, friends, community members, trusted adults, etc. Each resource can play a role in supporting more positive outcomes. This is also a chance to highlight who they have in their corner that can support the mitigation of negative outcomes, as well as show them role models that look like them. It's difficult to strive towards excellence if you don't see people like you being excellent!
- *(Session 9) Applicability Testing:* The goal of this task is to take your findings of both strengths and resources and apply them to the various challenges and negative outcomes that they are experiencing.

#### **Key Interventions**

- Naming
- Recognizing
- Highlighting
- Processing

#### **Peripheral Work Recommendations**

*Based on the information gained from this Session, you may need to widen their role models by finding individuals within and/or outside of the school setting, to help them discover strengths they don't already see, and/or research resources that they can use.*

- Advocacy
- Co-Producer
- Researcher
- Investigator



**Unit 2:**  
***Implementation- CR 16-Session Model***  
**Sessions 10-12**

**Sessions 10-12:** *Synchronous- Culturally Intuitive Cognitive Restructuring and Family Engagement*

**Purpose:**

- You are now nearing the end of your work with your BIPOC student. You have discovered your BIPOC student's sociocultural context through both family and student interviews, worked on empathetically understating their referral reasons as well as helped them change the narrative around their referral based on their perspectives. You have also made connections between their contextual factors and their current challenges, created culturally responsive goals, highlighted strengths and resources they can utilize even after your work has ended, and have conducted peripheral support based on your current knowledge of the student's needs. You have done a lot!!!!
- Now, it is time to support your BIPOC student change their thought processes and encourage them to have healthier interpersonal and intrapersonal interactions in the school setting. More specifically, you will be working on changing the way your BIPOC student may be engaging with their challenges and the negative outcomes that they are experiencing. In this Session, you will be focusing on supporting your BIPOC student identify adverse thoughts and replacing them with more productive ones.
- It's also time to reach back out to your BIPOC student's guardians for more collateral support.
- It is critical to address this with a culturally responsive lens and with the understanding that each culture may look at unhealthy, irrational and/or maladaptive thoughts and beliefs differently.

### **Academic Implications**

*It's time to provoke thoughts!*

1. How has your BIPOC student's life and school-based experiences shaped the way they think about and look at school?
2. What are the prominent unhealthy thoughts that are not serving them in the school setting?
3. What are prominent healthy thoughts that are serving them in the school setting?
4. What role has the family system played in your BIPOC student's thought processes in healthy and or unhealthy ways?

### **Goals and Tasks:**

- *Family Engagement:* Reach out to the guardian/family system that you have been in contact with.
- *Culturally Responsive Cognitive Restructuring:* Cognitive Restructuring is a therapeutic process that will support your BIPOC student in terms of noticing and changing negative thinking that surrounds their unhealthy engagement in the dynamics that are causing negative outcomes (Graham et al., 2013). However, you must remember the role that systemic factors (i.e., society and the school system that perpetuates adverse outcomes for marginalized communities) play in their negative outcomes, which will involve both *acknowledgment* and *validation* that those things are happening. This can support dismantling any internalized racism that has been integrated into their self-perception.

### **Implementation**

- *(Session 10) Family Engagement: Before Session 10, reach out to your BIPOC student's guardian and...*
  - Give them an update on what you are working on with their student
  - Discuss any progress that has been made
  - Highlight any barriers you have encountered
  - With the student's permission, share some prominent moments in your work together
  - Share your treatment plan
  - Do case management and referral sharing, if applicable
  - Ask if they need any support with navigating a school-based system
  - Get their perspectives on how their student is doing
  - Share any ways you can help them support their student
  - Spend 10 minutes of Session 10 with your BIPOC student sharing how that discussion went with their guardian. See if they have any questions. Only offer information that can benefit your BIPOC student move forward with their goals and treatment.

- (Session 11 and 12) *Culturally Responsive Cognitive Restructuring (15 minutes)*:
  - In the first 15 minutes of Session 11 and 12, you and your BIPOC student should identify 1-2 incidents and/or interactions that are connected to their referral situation or not, where they have felt bad or discouraged about themselves or their capabilities because of how someone else has treated them in the school setting. It could be from a peer, teacher, staff, faculty, administrator, coach, school aid, etc. From those incidents, utilize the *Culturally Responsive Cognitive Restructuring Intervention Process* to support the separation of the negative association to self.
  - Lastly, discuss common negative self-statements and highlight any sincere observations of them based on your perspective.
  - Remember to highlight any internalized “ism” or “phobias” that might be manifesting based on their negative statements of self. Many of these may be intersecting and co-occurring for your BIPOC student.

**List of “isms/phobias” to consider**

*(This is not a complete list, please do your own research and continuing education. This list is a jumping-off point!)*

*(Isms and schisms: A meta-analysis Wiley online library, n.d.).*

- *Racism*: Discrimination against people of color because of their race.
- *Colorism*: Within-group and between-group discrimination against people of color with darker skin tones and the preferential treatment of people of color with lighter skin tones.
- *Tokenism*: The practice of using people of color in a symbolic gesture to avoid criticism or being called racist.
- *Anti-Semitism*: Discrimination against Jewish people or people perceived to be Jewish because of their affiliation to Judaism.
- *Sexism*: Discrimination against women and girls because of their sex.
- *Ableism*: Discrimination against people with impaired or limited abilities because of their physical abilities.
- *Ageism*: Discrimination against older populations because of their age and perceived competence or capabilities.
- *Classism*: Discrimination against people of a lower class because of their economic status.
- *Elitism*: Discrimination against people believed to be “less than” in terms of education, money, job status/position, etc.

- *Heterosexism/Homophobia*: Discrimination against non-heterosexual people because of their sexuality.
- *Transphobia*: Discrimination against transpeople or gender non-conforming people because of their gender identity.
- *Xenophobia*: Discrimination against people from other countries or anyone deemed “foreign” because of their immigrant or visitor status.
- *Islamophobia*: Discrimination against anyone practicing or perceived to be a practitioner of Islam because of their religious affiliation.
- *Fatphobia*: Discrimination against people with bigger bodies because of their size.

**Culturally Responsive Cognitive Restructuring Intervention Process:**

- ✓ **Name Situation:** I did not get picked for a group project in class.
- ✓ **Highlight Thoughts:** My classmates don’t like me. They think I am dumb because I am Black.
- ✓ **Highlight Induced Feelings:** Sad. Disliked. Alone. Stressed.
- ✓ **Evidence that Supports the Thought:** I sometimes do not do well on my assignments.
- ✓ **Evidence that Doesn’t Support the Thought:** My friends have told me several times that they think I am smart. Other students were not invited to be a part of a group. I was invited to be a part of a group last week.
- ✓ **Find Alternative/Balanced Thought:** Not all of my peers know me, and they might have been uncomfortable working with someone they did not know, if they think that I do not want to be part of their group.
- ✓ **Outcome:** I feel like it has nothing to do with me and I deserve to be a part of a group where people know my worth. I no longer feel stressed about this.

Situation	Thoughts	Emotions	Behaviors	Alternate Thought
Not picked for group project	Peers think I’m dumb because I’m Black	Sad, anxious, mad	Avoided assignment	I’m not dumb. I could be in another group. My culture does not reflect my intelligence

➤ **Example:** An example of a scenario where culturally responsive cognitive restructuring is applicable is if a BIPOC student expresses that they are afraid of social situations with their White peers or teachers because they worry that they may judge them or say something that infers that they are not smart enough because they are a person of color, or they are afraid that their interactions will just be racist. In cases like these where your BIPOC student feels discriminated against for any reason, questioning the validity of their fears of racism enacts a microaggression that can add to and exacerbate their experiences of anxiety, which can become a barrier to positive therapeutic change (Graham et al., 2013). Instead, you should explicitly validate their experiences by allowing them to talk openly about discrimination, validating the painful emotions that come from experiences like those, and explicitly acknowledging and condemning the fact that we live in a society where things like this unfortunately happen. You as the SBMH provider may also choose to help your BIPOC student reframe what these experiences mean about them. Cognitive Restructuring can address the biases and isms by highlighting what living in an oppressive society means about them (i.e., “there is something wrong with me because I am not White or because I look different or White people are just smart”), but you should never challenge the fact that discriminatory incidents do exist and have occurred, or whether the specific incident they have experienced was discriminatory (Graham et al., 2013).

#### **Key Interventions**

- Psychoeducation
- Increase awareness
- Thought record
- Decatastrophizing
- Putting thoughts on trial
- Empathy

#### **Peripheral Work Recommendations**

*Based on the information gained from both your family engagement meeting and your investigation of your BIPOC student's thought process, you may need to do some peripheral work*

- Advocacy
- Researcher
- Investigator
- Case Manager
- Resource Finder



**Unit 2:**  
***Implementation***– CR 16-Session Model  
**Session 13 and 14**

**Session 13 and 14:** *Synchronous Work - Bicultural Competence Enlargement*

**Purpose:**

In this Session, you will be focusing on exploring your BIPOC student's relationship with bicultural competencies to highlight and clarify both the strengths and stressors that this concept may bring to their life as a person and student. This can highlight a strength that they may not be aware of and simultaneously bring awareness to a sociocultural stressor that might have been subconsciously suppressed. Enlarging these strengths may be another source that your BIPOC student can tap into when they experience challenges. This skill encourages your BIPOC student to draw on both their BIPOC culture and the popular American cultures instead of identifying with only one culture to better adapt to, interact with, and thrive within both cultures (LaFromboise and Rowe, 1983).

- o *Background:* Bicultural competence is the extension of an ethnic individual's identity, where they have the language, lifestyle, and patterns of interpersonal behavior of two cultural groups (Scheunemann, n.d.). Having this skill is important and could lead to the concept of "code switching," which is the practice of alternating between language and/or identities based on different environmental settings (Albarillo, n.d.). For youth in particular, being competent in two cultures is an extremely difficult task, which can sometimes cause *bicultural stress*. This concept is largely impacted by socialization and parental mediation. Bicultural competence leads to many benefits and is an important topic to discuss during your counseling Sessions (Scheunemann, n.d.).
- o According to the literature, the model of bicultural competence emphasizes that there is a reciprocal relationship between an individual and their environment (two environments). It suggests that the competence of each cultural environment can be observed in an individual's knowledge of cultural beliefs and values, (d) communication ability, (e) role repertoire; and (f) sense of groundedness in a social support system (Hays and Iwanasa, 2008).

### **Academic Implications**

*It's time to provoke thoughts!*

1. How has your BIPOC student's bicultural status served them in their lives and school setting? If so, how can you support them in utilizing it more?
2. How has it caused them stress? If so, how can you support them in utilizing it in healthier ways?
3. How has this related to any of their school-based negative outcomes? If so, in what ways?

### **Goals and Tasks:**

- *(Session 13) Bicultural Enlargement Assessment*
  - *Clarify Relationship with Bicultural Competencies:* With this task, you will gain an understanding of your BIPOC student's awareness of the various cultures they are navigating.
  - *Identify any Bicultural Stress:* With this task, your goal is to determine whether navigating various identities and cultures are causing stress in their lives and in their academic success in the school setting.
  - *Identify Bicultural Strengths that can be used:* With this task, you will determine any benefits this knowledge has given them and determine how they can utilize it to overcome the challenges they are encountering, as well as mitigate the negative outcomes they are experiencing.
- *(Session 14) Bicultural Skills Training and Role-Playing*
  - Introducing scenarios and discussing bicultural skills and strengths that can be utilized in those moments.



## **Implementation**

- *Bicultural Assessment (10 minutes)*

*In the first 10 minutes of your 13<sup>th</sup> Session, you will be clarifying their relationship with Bicultural Competencies, Identifying any Bicultural Stress, and Identifying Bicultural Strengths through a series of processing questions:*

- According to your perspective, what are common/popular sayings and behaviors in American culture?
- According to your perspective, what are common/popular sayings and behaviors in your other identified BIPOC culture?
- Do you feel like you say things and do things from each culture?
- If so, when, and how do you do each?
- Do you do each separately or together? Why if separately? Why if together?
- Have you ever heard of “code switching”? –if not, define it for them in a developmentally appropriate way (the practice of alternating between language and/or identities based on different environmental settings).
- Have you ever code switched?
- If so, is that stressful for you, and in what ways?
- How have the sayings and behaviors from each of your cultures benefitted you in situations in life and/or at school?
- How could you use your knowledge of each culture to help with your current challenges (name their specific challenge) and/or negative outcomes you are experiencing at school (name the specific negative outcome they are experiencing)?

- *Bicultural Skills Training and Role Playing (10 minutes)*

- *In the first 10 minutes of your 13<sup>th</sup> Session, you will provide Bicultural Skills Training and do some role-playing on how the student can interact with others in the school setting by utilizing their bicultural status.*
- *This may be most applicable for them to use if they are experiencing a racially motivated incident in their school setting by either peers or adult figures. This specific information will need to be tailored based on your knowledge of those that are in your school setting and/or your specific school culture (LaFromboise and Rowe, 1983).  
Example: your knowledge of the temperament of your dean and/or school principal.*
- *This is not a complete list, but acts as a template for how you can provide bicultural skills training*
- *Once complete, practice these skills in real time utilizing role-playing*

Situation	Response	How to use Healthy Bicultural Skills
People that overgeneralize or stereotype you	Challenging those who overgeneralize or stereotype you	Creating awareness of what that stereotype insinuates
Culturally insensitive comments	Openly expressing disagreement with others that make culturally insensitive comments to you or others	Providing education about what that comment means in your culture
Others use racially related terms casually	Maintaining composure when hearing others use racially related terms casually	Addressing the issue without going outside of your values
A teacher or authority figure at school uses an expression that does not hold BIPOC students in a good light	Standing up to the jargon of teachers and school administrators	Highlighting how that comment sounds to others
Others ask you to be an unofficial spokesperson for your culture during a class assignment	Refusing requests from others beyond one's ability to grant	Not sharing your bicultural competence when it is not on your terms and never being a spokesperson for a whole culture
You witness a racially motivated incident on campus	Presenting an idea or complaint to a superior	
	Reporting what you see so it is on record	
Others offer a performative allyship – someone posting a quote online about the importance of diversity but will not help when a BIPOC student needs help because of a racially motivated incident that happens in person at school	Telling someone who thinks they are being helpful when they are not	
	Modeling what allyship looks like based on your bicultural identifications	

### **Key Interventions**

- Clarification
- Socratic Interviewing
- Acknowledgment
- Validation
- Empathy

### **Peripheral Work Recommendations**

*Based on the information gained from this assessment, you may need to do some peripheral work.*

- Advocacy
- Researcher
- Investigator
- Coach



**Unit 2:**  
***Implementation***– CR 16-Session Model  
**Session 15**

**Session 15:** *Synchronous Work – Decolonizing Colonistic and Eurocentric Thinking*

**Purpose:**

- In this Session, you will be focusing on supporting your BIPOC student identify *colonistic or colonial thinking patterns* and attempt to disentangle them. This is as known as *decolonizing one's mind*. Decolonizing one's mindset is dismantling and deconstructing various thought processes geared towards preferences and values that come from a colonial way of thinking that encompasses a proclivity towards Whiteness and western cultural values, behaviors, physical appearances, and objects. Such thinking dates back to the colonial era where there was a prominent attitude that BIPOC individuals were "savages" and that Whites were "civilized" (Organeyez. (2020). Due to this, some BIPOC individuals have internalized this way of thinking towards themselves, which has resulted in the concept of *internalized racism*.
- So, how does this apply to BIPOC student populations? According to the literature, BIPOC students with this thought process have been shown to inflict "*Self-Imposed Barriers*" on themselves that result in a lack of self-confidence, initiative, and commitment towards their own success and advancement. Research has also found that these barriers have often been generalized to other environments such as the school setting (Murray, 2006).

**Academic Implications**

*It's time to provoke thoughts!*

- In what way has a colonized mindset impacted your BIPOC student's current challenges in the school setting?

**Goals and Tasks:**

- *Trial for Thoughts Activity:* With this task, you will be supporting your BIPOC student in a metaphorical court proceeding where some of their thoughts will be put on trial. The goal of this activity is to highlight colonistic thought patterns that have arisen in their life and deconstruct the binaries that go along with this mindset, such as desirable/undesirable, attractive/unattractive, civilized/uncivilized, smart/dumb, etc.

## **Implementation**

### *Trial for Thoughts Activity:*

- o In the first 15-20 minutes of Session 15, you will help your BIPOC student think of 1-2 instances where they have had a colonistic mindset. If your student can not think of an instance, you will gently guide them towards thinking of times you may have noticed this mindset pattern based on your work together thus far. **GENTLE is key!!!** A colonistic mindset is definitely not the fault of the student and/or their family, but is a byproduct of a racialized society that they have been forced to grow up in. So, if you have to bring up your own observation based on their historical narratives, using your clinical skills to do it in a non-blaming way is important.
- o Once 1-2 instances have been chosen, it's time to decolonize and deconstruct them by putting them on trial using the template below.

### *Steps:*

1. Write down the thought in the top box.
2. Act as the defense attorney, prosecutor, and judge to determine the accuracy of that thought and where it might have come from.
3. Prosecution and defense: You must discuss evidence in support of that thought or against it. The evidence cannot be a personal opinion, guess, or private interpretation. It must be concrete evidence.
4. Judge: The judge comes to a verdict regarding that thought.
5. No one person is any of these roles, as this is a collaborative effort between you as the SBMH provider and the BIPOC student having a productive processing discussion.
6. After filling out the activity sheet, have a conversation about where those thoughts might have come from, how have those type of thoughts have impacted their lives, their schooling, and their feelings about themselves.
7. Lastly, discuss how they can be aware of those thoughts in the future and how they can dismantle them when they arise.



## Trial for Thoughts Activity

The Thought....	
The Defense.... Evidence for the thought	The Prosecution.... Evidence against the thought
The Judge's Verdict....	



### **Example**

*Here is an example of a colonialist thought that could be put on trial.*

*Conversation:*

**Therapist:** Hello Sydney. How is prom shopping going? Did you get everything you need? Are you going with your friends?

**Sydney:** It's going good! I got everything I need... I just have to set up a hair appointment. My friend and I will be getting our hair done together, which will be fun. But... I know my friend's hair is going to look better than mine in our prom picture [sad face].

**Therapist:** Why do you say that? I bet you are going to look just as good!

**Sydney:** I don't think so. My friend's got that... you know... good hair!

**Therapist:** Good hair?

**Sydney:** Yes, good hair! You have to know what that is!!!!

**Therapist:** Ummm I'm not sure... tell me!

**Sydney:** Its when your hair is silky, smooth, and straight... you know like a White person! Not kinky, frizzy, and thick like mine [sad face].

**Therapist:** Why is that considered "good hair?" So, anything else is "bad hair?"

**Sydney:** Pretty much!

**Therapist:** Lets talk about that a little more. I want to introduce you this activity that can help us discuss this concept of "good and bad hair." Are you open to that?

**Sydney:** Sure!

### **Key Interventions**

- Naming
- Recognizing
- Highlighting
- Processing
- Socratic Questioning

### **Peripheral Work Recommendations**

*Based on the information gained from this Session, there may be some peripheral work to be done.*

- Guiding
- Coaching
- Investigator



**Unit 2:**  
***Implementation- CR 16-Session Model***  
**Session 16**

**Session 16: Synchronous Work – Reclaiming Cultural Opulence and Termination**

**Purpose:**

- In this Session, you will be focusing on terminating with your BIPOC student as well as supporting them in liberating themselves by generalizing your sociocultural elevated work together for futuristic situations. This is also a time for them to complete their Post-Evaluation Scales. These scales will allow you to gain a snapshot of how your BIPOC student is currently doing socially, emotionally, and socioculturally in the 7 areas of negative outcomes we assessed in the beginning (page 19) .
- As a reminder, Area 1 will measure a student’s social and emotional functioning through the PHQ–9 (depression) and the GAD–7 (anxiety). Area 2 will measure feelings of wellbeing through the WHO–5. Area 3 will measure academic success through the student’s GPA. Area 4 will measure punitive events through the extant school data. Area 5 will measure mental health treatment satisfaction through the Session Rating Scale (SRS). Area 6 will measure stress levels through the Perceived Stress Scale (PSS). Lastly, Area 7 will measure the student’s feelings of school engagement and community through the Sense of Community Index (SCI).

▪ ***Scales***

1. General Anxiety Disorder-7 (GAD-7): 7 questions and Patient Health Questionnaire (PHQ-9): 9 questions
2. The World Health Organization- Five Wellbeing Index (WHO-5): 5 questions
3. Extant Data: No questions
4. Grade Point Average (GPA): No questions
5. Session Rating Scale (SRS): 4 questions
6. Perceived Stress Scale (PSS): 10 questions
7. Sense of Community Index (SCI): 12 questions

### **Academic Implications**

*It's time to provoke thoughts!*

- How can my BIPOC student use our work together to promote more positive outcomes pre- and post-matriculation from the school setting?

### **Goals and Tasks:**

- **Post-Evaluation Scales:** All 7 of these scales total 47 questions. Again, for an adolescent, this may seem daunting and unnecessary, so it is pertinent to be able to be creative in how you get them to answer these questions. Having this information can allow you to see how effective this treatment style has been for your BIPOC student.
- **Be the Change Activity:** This task is based on two famous sayings, "Be the Change you Wish to see in the world" by Mahatma Gandhi and "Be a bush if you can't be a tree. If you can't be a highway, just be a trail. If you can't be a sun, be a star. For it isn't by size that you win or fail. Be the best of whatever you are," by Martin Luther King, Jr. This activity focuses on how your BIPOC student can generalize the work you have done together both for future endeavors and for others in/out of their school community. Ultimately, this is how they can be the change in their world in a small or large way!

### **Implementation**

- **Post-Evaluation Scales:** This Session may take longer than usual (i.e., 1-2 class periods), so you will need to prepare your student for this before the Session starts. Incentives may also be needed to increase your student's willingness to participate in the scales such as food, candy, a small token, etc. Finding the right strategy to complete these pre-evaluation scales is important and should be tailored to each individual student's capacity and needs.
  - Below are different strategies that can be used in this endeavor:
    - **In-Session Completion:** The SBMHP could give all 6 of the scales to be completed independently in Session.
    - **In-Session Completion:** The SBMHP could proctor the questions by reading them out loud to the students while doing the scales together.
    - **Out-of-Session Completion:** The SBMHP can give the students the scales to complete outside of school, which can be brought back by the next Session.
    - **Hybrid Completion:** Half of the scales can be completed in Session and the other half outside of Session.

- *Be the Change Activity:*

- Use 15-20 minutes of your Session to complete this activity with your BIPOC student.
- Based on your recollection of your past Sessions, remind them of what you both talked about in previous Sessions and support them in thinking about one takeaway they had from the Session, how they will help their future self with that knowledge, and how they could help others in their community with that knowledge. This can support them with their generalization of gained skills and knowledge.



## Be the Change Activity Sheet

Session	Session Theme	One Takeaway	Help Future Self	Help Another
Example	Example	Example	Example	Example
1	Pre-Scales	My mental health and mind matters	Pay attention to my mental health	I will pay attention to your mental health
2	CRMFA	Cultural identification is important in my life	I will make decisions that value my cultural identification	I will make decisions that value your cultural identification
3	Personhood Introduction	I learned how to have mutual respect	I have respect towards all the parts of myself	I have respect to how you identify and all the parts of yourself
4	Cultural Empowerment	My cultural experiences matter	I will use my experiences to move forward	I will have empathy towards your experiences
5	Goal Setting	How to set goals based on my cultural values	I will continue to set goals based on my cultural values	I will help you in your culturally related goals
6	CRMFA Analysis	My culture is multifaceted	I will remember all the parts of my culture to be successful	I will listen to all the parts of your culture and support you in being successful
7	CR-Strength Recognition	I have strength in areas I never knew	I will remember to look for strengths in all areas of my life	I will remind you of the strengths in all areas of your life
8	CR-Strength Recognition	I have strength in my cultural identification	I will remember the strength my culture gives me	I will remind you of the strength your culture gives you
9	CR-Strength Recognition	I can use that strength to overcome challenges	I will utilize my strengths	I will remind you to utilize your strength
10	Culturally Intuitive Cognitive Restructuring	There are "isms" that are impacting me	I will not integrate the "isms" people show towards me	I will support you in not integrating "isms" towards you

11	Culturally Intuitive Cognitive Restructuring	Those "isms" have shaped the way I think	I will think about how "isms" have impacted me and not let me move forward	I will help you think about how "isms" have impacted you and support you in not letting them move forward.
12	Culturally Intuitive Cognitive Restructuring	Those "isms" are not true.	I will remind myself that those messages are not true	I will remind you that those messages are not true
13	Bicultural Competence	I have more to offer when I use both of my cultures	I will analyze when to use my competencies	I will support your analyses of when your competences can be used
14	Bicultural Competence	Sometimes having two cultures stress me out.	I will only use them when it is not stressful	I will encourage you to not use them if it is stressful for you
15	Decolonizing Colonistic and Eurocentric Thinking	In some situations, I too have believed Whiteness is "better," which impacted how I feel about myself	I will analyze when my thinking is impacting my excellence and success	I will support you in your analyses of when your thinking is impacting your excellence and success
16	Reclaiming Cultural Opulence	I am excellent because I value my whole person including my cultural background!	I will take back my excellence and change my trajectory	I will aid you in taking back your excellence and change your trajectory

### **Key Interventions**

- Naming
- Recognizing
- Highlighting
- Processing

### **Key Interventions**

- Empathy
- Validation
- Normalization
- Problem-Solving

### **Peripheral Work Recommendations**

*Based on the information gained from this Session, make sure you do what you can to support them in sustaining their success and excellence after your work together is done!*

- Advocacy
- Coaching
- Collaboration
- Allyship
- Case Manager
- Resource Finder





**Unit 2:**  
***Implementation- CR 16-Session Model***  
**Post-Groundwork Session**

**Extra Session:** *Post-Groundwork Session*

**Purpose:**

- The purpose of this Session is to conduct a follow-up with your student to see if there is any further peripheral work that needs to be done.

**Academic Implications**

*It's time to provoke thoughts!*

- Does my BIPOC student need any more support in the school setting that I can assist with?

**Goals and Tasks:**

- ***Follow-Up Check-In:*** This is a time when you circle back with your BIPOC student to see how they are doing in the 7 areas of negative outcomes, if there are any new experiences in the school setting both negative and positive, and if there is any more support that they may need.

**Implementation**

- ***Follow-up check-in:***
  - Check-in with student one month later
  - This should only take about 15 minutes
  - Look at recent data on the student to see if there have been any new incidents
  - Briefly check-in with the student based on their previous referral reason.
  - Conduct any peripheral work needed based on the information given

### **Key Interventions**

- Empathy
- Validation
- Normalization
- Problem-Solving

### **Peripheral Work Recommendations**

*Based on the information gained from this Session, make sure you do what you can to support them in sustaining their success and excellence after your work together is done!*

- Advocacy
- Coaching
- Collaboration
- Allyship
- Case Manager
- Resource Finder



## **16-Session Model Visual**

*1 Year Long model – All services occur within the Academic school year (September – June)*

Pre-Groundwork	Sessions 1-2	Sessions 3-16	Sessions 16	Post Groundwork
Involve Student & Guardian/family	Pre-Scales & Assessments	Session Work	Post-Scales & Assessments	BIPOC Post check-in

## Unit 2

# Check- Point



*Great Job!*

*I know this was hard work, but I praise your bravery for embarking on this Culturally Responsive Journey! Now that you have completed unit 2, it's time to check-in and test your knowledge before moving ahead!*

**Unit Completion Expectations:** These following items must be accomplished before you are ready to move on to Unit 3.

**At this point you must have:**

- Learned about the different types of *Peripheral Work* you can provide your BIPOC students in addition to your therapeutic services.
- Learned different *Culturally Responsive Therapeutic interventions* and how to apply them appropriately.
- Learned ways to *involve and communicate* with BIPOC student's guardians/family members in a culturally responsive way to increase wholistic levels of support for the student.

**Unit Check-Point Questions:**

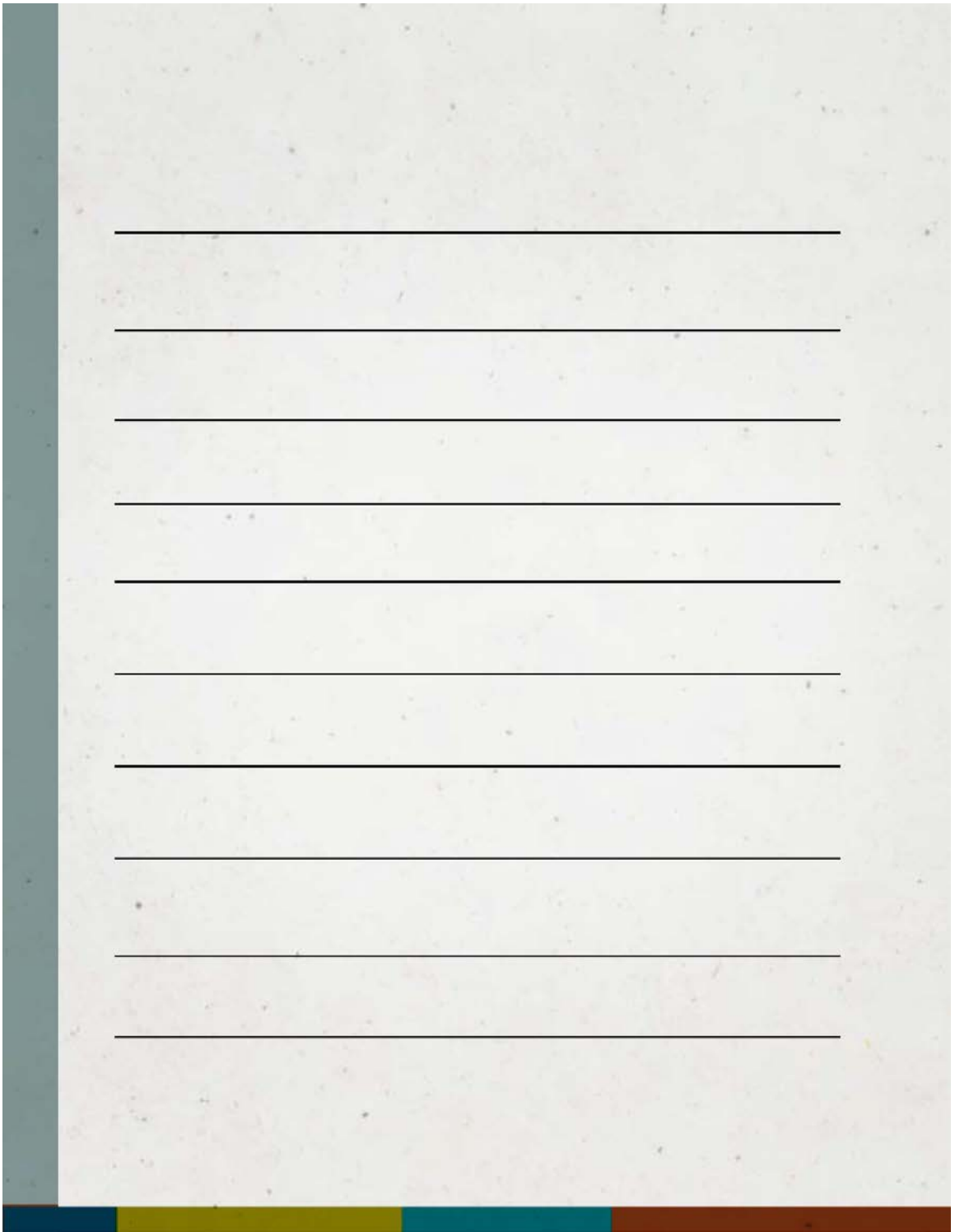
- If you are seeing a student that identifies as Black for at least 8 session tells you that they are failing history class because they are not comfortable going and there has been multiple reports from your school site administration team that this student is chronically truant only in their history class, what kind of questions would you ask to figure out what is happening for this student?
- You then find out that the history teacher makes racially insensitive comments while going over the "slavery" unit and then consistently asks only your student to answer questions about "African History". With the information you learned in this unit about culturally responsive therapeutic services, what *Peripheral Work* would you provide for this student to support more positive outcomes and school-based experiences for them?

**Forecast Questions:**

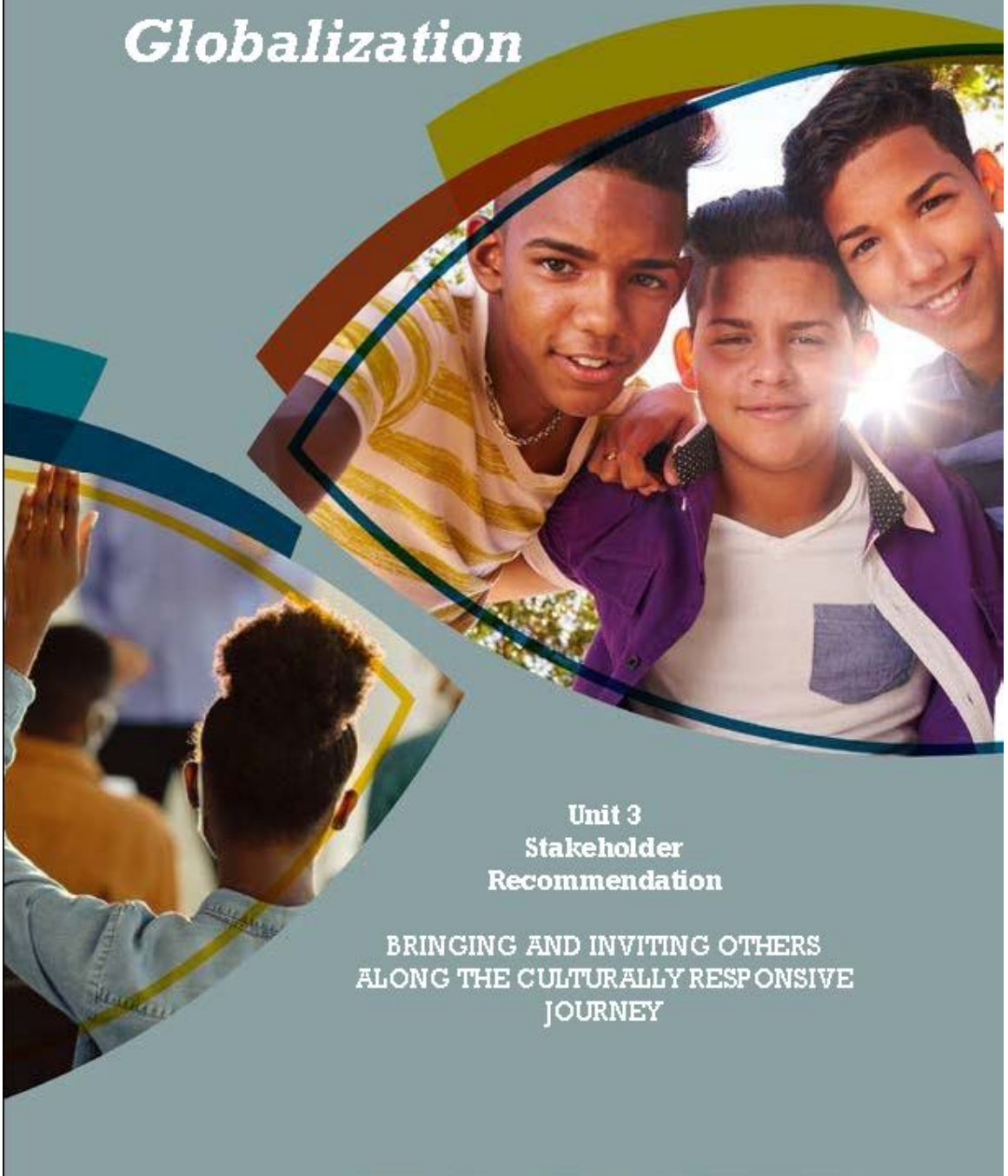
*It is NOT recommended for you to move to unit 3 if your small group and direct supervisor answers "NO" to any of these questions*

#	Question	Small Group	Direct Supervisor	Direct Supervisor Signature
1	According to your observations, has this SBMHP shown to try and involve their BIPOC student's family system as much as possible in their CR therapeutic work?	YES or NO	YES or NO	
2	According to your observations, has this SBMHP demonstrated to use the CR interventions as fully described in this manual?			
3	According to your observations, has this SBMHP demonstrated a willingness to gain feedback and make changes as needed?			
*	If answered no to any of these questions, please provide this SBMHP with constructive and helpful feedback sprinkled with love and kindness!!	Helpful Feedback:		





# *Globalization*



**Unit 3  
Stakeholder  
Recommendation**

BRINGING AND INVITING OTHERS  
ALONG THE CULTURALLY RESPONSIVE  
JOURNEY

## Unit: 3

### *Globalization*– Stakeholder Recommendations

#### Unit Purpose:

The purpose of this unit is for SBMH providers to globalize their gained knowledge. The aim is to ensure that all trained CR-SBMH providers integrate their new knowledge into their school culture to prompt systemic change for BIPOC students. Specifically, now that you have the culturally responsive “Education,” and have been able to execute the “Implementation” of that knowledge with BIPOC populations, it is time to move towards “Globalization.” In the literal sense, globalization is a process of integrating and spreading interactions and goods on a larger and wider scale. Similarly, as a CR-SBMH provider, you have a unique skill set and thought processes that can be spread to the larger school community to change the outcomes for this population. Ultimately, it's time to invite others along this culturally responsive journey!





### **Unit Description/Implementation:**

This unit consists of various ways you can go about inviting and igniting others to join this new way of working and being through 5 recommended general activities and school-wide initiatives that can be done. By no means is this an exhaustive list, as it is meant to jump start your thinking regarding how to spread this work. You will be exposed to five recommended ways that culturally responsive SBMH providers can integrate their knowledge based on the roles they play in their school setting. Each recommendation from this unit is not fully comprehensive but is a skeleton of a discourse-producing vehicle. However, it is up to you to lean on your expertise and creativity to fill in any gaps depending on the individual needs of your school system, staff and faculty, and community data-specific challenges.

### **Important Foundational Knowledge**

Before starting this work, it is important to assess your school communities' *stage of change*. Having this knowledge will help you develop your globalization initiatives (i.e., what they are ready for) as well as manage your expectations around short- and long-term goals (i.e., realistically understanding how long this journey may take at your school site).

*Please reference the 5 stages of change below:*

(Stages of change, n.d.).

1. *Precontemplation*: This stage encompasses individuals that have no intention of changing their behavior in the foreseeable future. These individuals are unaware or under-aware of their problems.
2. *Contemplation*: This stage encompasses individuals that are aware that a problem exists and are seriously thinking about changing or overcoming it but have not yet made a commitment to take action.
3. *Preparation*: This stage encompasses individuals that are intending to take action soon (i.e., in the next month or year), but have unsuccessfully taken action in the past.
4. *Action*: This stage encompasses individuals that have been shown to modify their behavior, experiences, or environment in order to overcome their problems. This stage involves the most overt behavioral changes and requires a considerable commitment of time and energy.
5. *Maintenance*: This stage encompasses individuals that work to prevent relapses to their old behaviors and utilize strengths and tools gained in the action stage.

### **Unit Timeline:**

Recommendations and initiatives should preferably occur during the beginning, middle, and end of the academic school year. For instance, conducting a professional development presentation in August, January, and then in June.

## Unit: 3

### ***Globalization***- Stakeholder Recommendations

#### 1

#### Staff and Faculty

**Stakeholder Recommendation 1 Theme:** *Staff and Faculty Professional Development*

#### **Remember!**

*This recommendation will give you general guidelines and ways to implement them. Any and all recommendations can be modified and adapted to fit the needs and culture of your own school community!*

*Also, please only present on any information that you feel comfortable sharing to avoid harm to the larger school community. It is recommended that you start with presenting areas within the Pre-Work section of this manual.*

#### **Purpose and Details:**

The purpose of this recommendation is to invite others to participate through stakeholder professional development presentations. This will lean on the expertise of the CR-SBMH provider, who will impart psycho-education or training to the school-based stakeholders on how to perform in a culturally responsive and sensitive way within their capacity or sphere of influence.

Presentations are important because they help disseminate ideas around important topics and pedagogy. One thing a presentation can do is support the mitigation of miscommunication through planned talking points, highlight important and impactful information through powerful illustrations and the timing of word displays, and create a learning experience within the setting it is hoping to serve.

#### **Implementation:**

*Each presentation conducted by you as the SBMHP should have an educational, experiential, and reflection component to it.*

- *Presentation Theme: Diversify Your Narrative Presentation*
  - *Description: This presentation heavily leans on your knowledge of culturally responsive pedagogy, language, definitions, and rhetoric that you learned in unit 1 (Pre-Work). This can introduce terminology that some may never heard of before and help individuals notice when these phenomena happen in real life. Only utilize terms from unit 1 that you are able to explain to the larger community. Many people that do not identify as BIPOC have a singular narrative of life but giving your school community-shared language makes room for crossroad decisions that lead to productive discourse and change.*

o *Application:*

- 1) Educational: First, go through the terms in unit 1 and pick 10 that you feel most apply to your school setting
- 2) Then, create a presentation that introduces those terms with examples
- 3) Following this, create a series of vignettes riddled with instances that exemplify the terms that you chose
- 4) Experiential: Have the listeners break out into small groups using similar small group norms from unit 1 and have them discuss which term is manifested in the vignettes. The number of vignettes created should determine the amount of time given to this activity
- 5) This smaller group work will have them come together and share their observations with the larger group
- 6) Reflection: Provide a space for the listeners to share a word or short comment that reflects their experience of today's presentation (i.e., eye-opening, confusing, frustrating, inspiring, overwhelmed, etc.) If listeners are not comfortable saying this out loud, they can write it on paper anonymously and turn it in at the end of the presentation. This reflection process will let you know where your audience is at in their process of change
- 7) Additional Comment: Listeners could write down 3 things they can do to mitigate these phenomena in their spheres of influence

• *Presentation Theme: Community Data Coalition Presentation*

- o *Description:* This presentation will allow you to take the data gained about your specific BIFOC students' outcomes from your Community Data Conclave in unit 1 and share it with the school's leadership community (i.e., administrators, staff, faculty, student advocates, etc.). This will allow them to see the levels of functioning of their BIFOC populations firsthand. This can highlight where major gaps, disproportionalities, and inequities may lie in the types of students that succeed in their schools. The key with this presentation is to be data-driven!

o *Application:*

1. Look at the data retrieved from unit 1 and determine the data points that are most poignant and impactful to the BIPOC student community. Meaning, if a few negative outcomes shift, it will cause major trajectory changes for your BIPOC student community. Even though it would be great to present all the data at once, start off with one or two singular focal points to avoid overwhelming them. You can have follow-up coalition presentations to present other data focal points when you feel it is appropriate in the future.
2. Educational: Compile your chosen data into a presentation
3. Experiential: Create a breakout Session with your listeners and have them answer these 3 questions:
  - What do you notice about the data presented?
  - What factors do you think contribute to the data presented?
  - What things can you do in your capacity and/or sphere of influence to shift this data towards more positive outcomes?
4. Then, have your small groups come back to the larger groups and share a couple of their ideas.
5. Reflection: Provide a space for the listeners to share a word or short comment that reflects their experience of today's presentation (i.e., eye-opening, confusing, frustrating, inspiring, overwhelmed, etc.) This reflection process will let you know where your audience is at in their stage of change.
6. Additional Component: An additional component that could be added to this presentation to increase impact is student testimonials. These students could attest to the dynamics that are occurring on a school campus that have led to the data points presented. It is important that the students testifying feel safe doing so and will not be penalized by any authority figures who might be listening (i.e., dean, coach, teachers, etc.). If students want anonymity when sharing you can encourage students to write their testimony down with no identifiers and read it to staff and faculty.

• *Presentation Theme: Mindful Movement Presentation*

- o *Description*: This presentation helps stakeholders understand how their sociocultural background, values, and biases come into the work they do with students. This can be accomplished by introducing them to steps 1-2 of the Awareness Assessments you took in unit 1.

o *Application:*

- First, pick 1 or 2 of the Awareness Assessment tools from unit 1 to present on. These are the assessments from unit 1 that you can choose from: (1) Cultural Reference Point Inquiry, (2) Self-Assessment Narrative; (3) Worldview Questionnaire; and (4) Culturally Responsive Check-Off list.
- Once the assessments tool has been chosen, it is time to start creating your presentation.
- Educational: Elements to add to your presentation:
  - Definition of Cultural Responsiveness
  - The tool(s) chosen and how to use them
  - How they are applicable to the work that they do with students
- Experiential: Have your listeners break off into small groups and individually take their assessments. Once this is completed, have them discuss talking points:
  - Their results
  - How their sociocultural background, values, and possible biases may appear in their work with students
- Reflection: Provide a space for the listeners to share any “aha moments” with the larger group.



## Unit: 3

### ~~Globalization~~ Stakeholder Recommendations

#### 2

#### Student-Centered

**Stakeholder Recommendation 2 Theme:** *School-Wide Student-Centered Initiatives and Events*

#### **Remember!**

*This recommendation will give you general guidelines and ways to implement them. Any and all recommendations can be modified and adapted to fit the needs and culture of your own school community!*

#### **Purpose and Details:**

The purpose of this recommendation is to invite others to participate through school-wide presentations, initiatives, and events. This recommendation expands your audience from just stakeholders that encompass staff and faculty, to the larger community of students, families, and surrounding community members. Having youth take part in the systemic change towards cultural responsiveness will accelerate movement in the right direction. The goal is climate and culture shifting that can create global conversations that lessen mental health stigma, encourage awareness and self-reflection, create space for hard conversations, disrupt feeling of shame for being different, are student centered, and focuses on students at the margins.

Below, you will see a list of culture, diversity, inclusion, and equity presentation topics and events that can assist with this endeavor.

#### **Student-Centered School-Wide Initiatives**

- *School-Wide Cultural Fair:* Support for the planning process to create a cultural fair where students can speak about their cultural clothing, foods, customs, traditions and more.

#### **Important**

*\*Please pay extra attention that you do not "tokenize" (pg. 45 & 48) or put any undue burden on BIPOC students to "educate others" if you chose to implement this initiative. To avoid this, you should only invite students that want to participate and encourage every student participant to only share what they comfortable sharing. To avoid tokenizing you should avoid using language that generalizes their experiences to others that identify similarly as them and make it clear to them that you know that "they do not represent their whole community" and that they are only sharing their individual experiences!*

- *School-Wide Assemblies on the impact of racism on mental health:* Take this opportunity to do a grade-level presentation to provide psychoeducation on the various aspects of racism, discrimination, and marginalization, and how that impacts mental health. The purpose is to name these dynamics in schools so that students are aware, and then validate the dynamics that are happening for BIPOC youth to create empathy in those that don't identify as BIPOC.
- *Travel Around Your Community Week:* Most schools do something to similar to this, such as "travel around the world week." Though creating awareness around diverse cultures is good, many forget to look at smaller macro-level cultures that are present in their own backyard. So, with this event, you will be focusing on cultures that are present in your own community, which includes your local family's cultures and the culture in your local identified community (i.e., Autism Spectrum community, non-binary communities, etc.).

**Important**

*Please refer back to the "important" message on page 125 to avoid tokenizing and stereotyping if you chose to implement this recommendation.*

**Student-Centered Staff and Faculty Initiatives**

- *Affinity Mentoring Programs:* There is immense power in mentoring programs and affinity groups. For example, mentoring programs expands one's support network all the while encouraging opportunities to develop skills from someone that has walked the path that the mentee is trying to go. Similarly powerful are affinity groups. Affinity groups create the needed safe space for culturally diverse individuals to build strength, pride, and excellence from watching someone that looks like them. With this initiative, you will be taking these two powerful concepts and combining them to allow BIPOC youth to excel academically and connect with other BIPOC individuals that are excelling.
- *Empathy Interviews:* As you know from your work with your BIPOC clients, empathy interviews are one-on-one discussions and conversations that entail open-ended questions to elicit stories about individuals' experiences and unacknowledged needs (Nelsestuen and Smith, n.d.). With this definition in mind, staff and faculty could greatly benefit from conducting these interviews with their BIPOC students to better understand their perspectives and needs. As the CR-SBMH provider, you can support an initiative where staff and faculty have to pick a student that is culturally different from themselves and conduct an empathy interview with them.

**Important**

*To avoid student feeling singled out if chosen to participate in a empathy interview, you should ask for student volunteers that would like to share their experiences with you. One way this can happen is to announce the voluntary experience publicly in your class and have student privately connect with you if they are interested.*

- *Stakeholder Student Confab Demonstration:* This initiative is for the staff and faculty, where each staff and faculty member pairs up with a student that identifies as a non-BIPOC student. They then discuss one culturally insensitive unwritten rule in the school community and think of one thing that can be done to mitigate it. At the end of the school year, there will be a school community gathering to share ideas that were conceived throughout the year.

**Student-Centered Student Initiatives**

- *Youth Equity Task Forces:* This initiative is a student-led and student-centered confederation that focuses on equity and justice in the school community. This group of students look for opportunities to bring awareness to equity issues on campus, lend their voices during pertinent meetings with their schools' leadership (i.e., school district board meetings and/or administration meetings), challenge school policies that impede cultural responsiveness, advocate for more diverse academics and curricula (i.e., ethnic studies classes, reading by BIPOC authors, etc.), and think of creative school-wide campaigns against inequities, etc. As the CR-SBMH provider, you can help spearhead this student group as an advisor or a consultant using your expertise in both mental health and cultural responsiveness.
- *Youth Enlighten Conflab Workshop:* Similar to a "teach-in," this is a student-led and student-centered educational workshop on various culturally responsive concepts that can illuminate the community and inspire change. These workshops will cover different topics each time, and a student will proctor each one.



## Unit: 3

### ~~Globalization~~ Stakeholder Recommendations

#### 3

#### Family and Guardian

**Stakeholder Recommendation 2 Theme:** *Equitable Parent/Guardian Outreach*

**Remember!**

*This recommendation will give you general guidelines and ways to implement them. Any and all recommendations can be modified and adapted to fit the needs and culture of your own school community!*

**Purpose and Details:**

The purpose of this recommendation is to cover the types of equitable parent and guardian mental health outreach methods that can be employed for culturally diverse families. This type of outreach is meant to be meaningful between CR-SBMH providers and families.

**Family and Community**

- *Culturally Diverse Parent and Family TED Talks:* Similar to actual TED talks, this is an evening or virtual event that is tailored to spreading ideas, providing education, giving insights, and/or bringing to light important topics in 18 minutes or less. These conferences should be geared towards BIPOC and/or culturally diverse families. This could also be an opportunity to invite student testimonials to include words from your Youth Equity Task Force.
- *BIPOC Family Groups:* These are therapy groups provided to BIPOC families for the mental health of their students in order to support them as a family unit. This event can be prompted and facilitated by a SBMH provider.
- *Culturally Responsive Mental Health Awareness Fair:* A CR Mental Health Awareness Fair is an event featuring a collection of speakers that discuss mental health topics from various cultures perspectives. The topics must be in accordance with the most prominent mental health challenges in the respective area. The speakers must be from different cultural backgrounds. Guardians and families should be able to ask questions and have hard conversations about mental health topics and perspectives. This is a fair that can take place whenever it is most appropriate for students and families.

## ***Globalization– Stakeholder Recommendations***

### **4**

#### **School Constitution Shifts**

##### **Stakeholder Recommendation 2 Theme: *Alternatives to Punishment***

##### **Remember!**

*This recommendation will give you general guidelines and ways to implement it. Any and all recommendations can be modified and adapted to fit the needs and culture of your own school community!*

##### **Purpose and Details:**

The purpose of this recommendation is so that you as a CR-SBMH provider can spearhead alternative ways for schools to interact with BIPOC students by shifting narratives, perspectives, and creating an awareness of biases. This recommendation will also focus on ways that SBMH providers can intervene for students' welfare, rather than school stakeholders resorting to punishment.

- **CR-SBMH Provider Consults (Dean and Administrator Support):** Weekly meetings with the school admin and the deans to discuss trends pertaining to student discipline events, demographics of those most impacted by negative events and discuss future courses of action to support those communities.
- **Culturally Responsive Seminars (Counselor and Teacher Support):** This is a time for CR-SBMH providers to collaborate with school counselors and other key players on campus regarding BIPOC students that need academic support. This is also a time for mental health providers to disseminate information about combating social and emotional learning and culturally responsive techniques in the classroom setting.
- **Alternative to Punishment:** This is a program where support is the primary intervention for students that engage in an event or situation that might have ordinarily resulted in a consequence. The focus will be on therapy, psycho-education, problem-solving, coping skills, positive decision-making, validation, empathy, normalization, social justice, restorative justice, etc. In this program demographic trend, watching is also a pertinent part. CR-SBMH providers are advocates that ensure support is given to all students rather punishment, especially BIPOC-identified students.

## ***Globalization- Stakeholder Recommendations***

### 5

#### School Culture

**Stakeholder Recommendation 2 Theme:** *Community Data Sweeps*

**Remember!**

*This recommendation will give you general guidelines and ways to implement them. Any and all recommendations can be modified and adapted to fit the needs and culture of your own school community!*

**Purpose and Details:**

The purpose of this recommendation is for you as a CR-SBMH provider to support the gathering of data regarding the state of students, families, and staff and faculty. With this data, there will be a clear picture of BIPOC needs and future supports.

**Panorama Surveys:** Created from collaboration efforts between Panorama Education and the Harvard Graduate School of Education, Panorama surveys are various sets of survey scales, or groups of questions, that measure student, family, and stakeholder perceptions of learning and school climate (School climate survey: Panorama education. School Climate Survey Panorama Education, n.d.). These are preset surveys and questions that can be purchased by your school district at the URL listed below.

- [www.panoramaed.com](http://www.panoramaed.com)

**Landscape Surveys:** These are surveys that can be created by your individual school site, in addition to Panorama surveys, to capture the perceptions, perspectives, and general feedback that helps paint a picture of the state of specific populations and groups. *Questions should be created based on the needs of the school community that you work in and depending on the information you are trying to gain based on your Extant Community Data Conclave in unit 1.* Below are the three different types of populations that your surveys should focus on. These surveys can provide valuable data on how all populations in your school system are doing, especially BIPOC students and families. This information can help inform future events, initiatives, and interventions that should be implemented.

1. **Panorama/Landscape Survey (Students)**
2. **Panorama/Landscape Survey (Families)**
3. **Panorama/Landscape Survey (Staff and Faculty)**



**Here are some examples of questions that could be asked:**

**1. Panorama/Landscape Survey (Students):**

- On a scale from 1-10, do you feel that the supports on campus understand your unique needs?
- On a scale from 1-10, how many racially motivated events have you witnessed on your campus?
- On a scale from 1-10, how much do you know about the mental health supports on campus?

**2. Panorama/Landscape Survey (Families)**

- On a scale from 1-10, what is your knowledge about your student's current challenges?
- On a scale from 1-10, how supported do you feel by your student's school setting?
- On a scale from 1-10, how culturally responsive do you feel your students support system is in their school setting?

**3. Panorama/Landscape Survey (Staff and Faculty)**

- On a scale from 1-10, how do you feel your BIPOC students are doing in your class-rooms?
- On a scale from 1-10, how many racially motivated events have you witnessed?
- On a scale from 1-10, how comfortable are you with utilizing social and emotional learning techniques?
- On a scale from 1-10, how comfortable are you with utilizing culturally responsive techniques?



## Unit 3

### Check- Point



*Great Job!*

*I know this was hard work, but I praise your bravery for embarking on this Culturally Responsive Journey! Now that you have completed unit 3, it's time to check-in and test your knowledge before moving on to evaluating!*

**Unit Completion Expectations:** These following items should be accomplished before you are ready to wrap up with evaluation and the “**Intentional Pivoting Tool**”.

- **By now you should have:**
  - Become aware of different kinds of school-wide initiatives you can do that involves each stakeholder on campus (i.e., students, staff, faculty, administrators, and guardians/families) to help invite them along the culturally responsive journey!
  - Made recommendations to others on campus on how they can be involved in making culturally responsive school-based systemic shifts.
  - You should have had tried at least 2 school-wide culturally responsive initiatives within the school year.

#### **Unit Check Point Questions:**

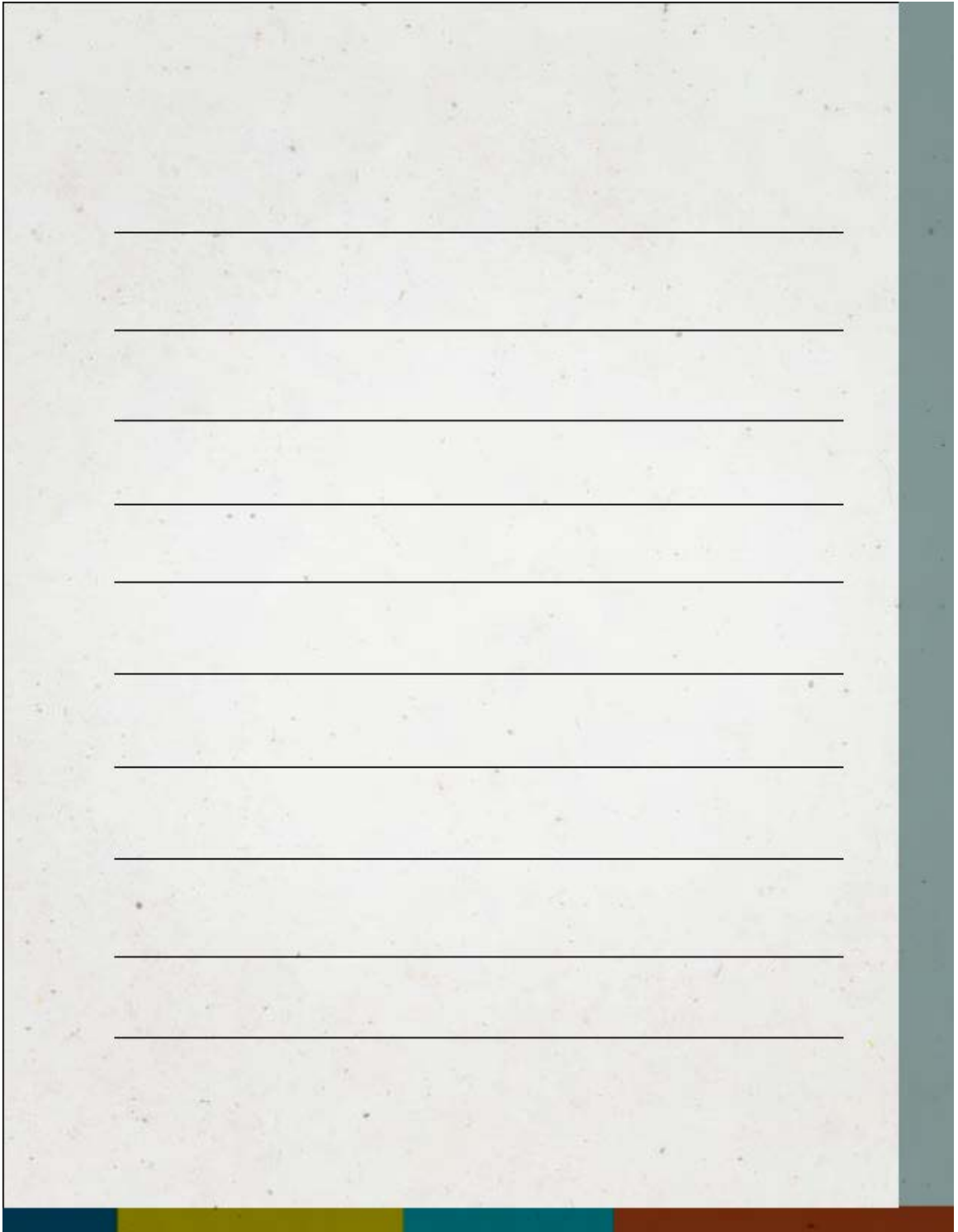
- Based on the recommendations given in Unit 3, Which initiatives would you plan to roll out if you become aware that 30% of your schools LatinX families report that their students are experiencing high incidents of bullying from their peers which is causing their students to not want to go to school and they are not sure what kinds of supports are on campus to help their students feel better about themselves?

#### **Forecast Questions:**

*It is NOT recommended for you to move to unit 3 if your small group and direct supervisor answers “NO” to any of these questions*

#	Question	Small Group	Direct Supervisor	Direct Supervisor Signature
1	According to your observations, has this SBMHP shown to understand the macrolevel needs of the schools BIPOC populations?	YES or NO	YES or NO	
2	According to your observations, has this SBMHP attempted to try and implement appropriately at least 2 school-wide CR initiatives this school year?			
3	According to your observations, has this SBMHP demonstrated a willingness to gain feedback and make changes as needed?			
*	If answered no to any of these questions, please provide this SBMHP with constructive and helpful feedback sprinkled with love and kindness!!	Helpful Feedback:		





# Training Manual Evaluation Plan





## Evaluation Plan

### Purpose

This training manual is designed to increase culturally responsive knowledge within the primary (SBMH providers) and Tertiary population (SB Stakeholders) and to lessen pre-matriculation negative outcomes for our secondary population (BIPOC students). Considering this, a strategic evaluation plan should be conducted to analyze the impact of this therapeutic model (a school-based therapeutic model with a culturally responsive lens). This will be accomplished by utilizing a mixed-methods pre- and post-evaluation plan.

*Mixed Methodology Evaluation:* A mixed methodology evaluation plan uses different kinds of data and assessment methods (i.e., qualitative, quantitative, etc.) throughout the evaluation process.

Within this manual mixed methodology plan, you will implement the plan and extract qualitative, quantitative, and or extant data for all three populations of focus.

- **Qualitative Data:** The *qualitative data* will enable you to capture anecdotal narratives from both the *primary* and *secondary* target populations to determine their perspectives and feelings about the training manuals effectiveness (i.e., real-world application).
- **Quantitative Data:** The *quantitative data* will enable you to capture quantifiable statistical information about this training manual's curriculum when it comes to the seven areas of negative outcomes that BIPOC youth commonly struggle with as well as their mental health progression or regression.
- **Extant Data:** The *extant data* will enable you to gain existing information that your school community has to offer around your BIPOC students' overall wholistic levels of functioning (i.e., mental health, physical well-being, social and emotional functioning, academic success, etc.) through already existing records which will reveal whether the curriculum is actually supporting the areas it claims to.

### Implementation

This evaluation plan is meant to be implemented and overseen by the mental health leadership team rolling out this manual within your district. This could be a mental health manager, a clinical supervisor, a school administration team, a district superintendent, a board of directors, etc. Below you will find the evaluation protocol for each population of focus:

### Evaluation Protocol

Population Type	Population Description	# Of Evaluation Tools	Time Frame	Evaluation Tools
Primary Population	School-Based Mental Health Providers (SBMH providers)	2	(1) After Collaborative Pods (2) Pre & Post manual Implementation	(1) SBMH Provider Narrative Free Association Feedback Questionnaire (2) SBMH Provider Survey
Secondary Population	BIPOC Students	8	(1) Pre & Post manual Implementation (2) Pre & Post manual Implementation	(1) 7 Negative Outcomes Scales (2) BIPOC Student Narrative Interview Questionnaire
Tertiary Population	School-Based Stakeholders (SB- Stakeholders)	2	(1) Pre & Post manual Implementation (2) Pre & Post manual Implementation	(1) SB- Stakeholders Questionnaire (2) Administrator Pre & Post Survey

## Evaluation Protocol

*Primary Population: School-Based Mental Health Providers (SBMH providers)*

This population will be evaluated using a pre, middle and post assessment timelines. During the pre and post timeframes you will utilize a quantitative and qualitative survey called **SBMH Provider Survey**. This will be given before utilizing the manual at the beginning of the school year (Pre-Survey) and after the manual has been implemented at the end of the school year (Post-Survey).

During the middle months the SBMH providers will be answering a series of Free Association check-in questions which is called **SBMH Provider Narrative Free Association Feedback Questionnaire**. This Questionnaire will be given at the end of each consultation group meeting which occurs once a month for the duration of the school year which is ten months. Again, this means SBMH providers will be taking **2 surveys** and **10 questionnaires** when they have completed this program. The SBMH Provider Narrative Free Association Feedback Questionnaire is a short narrative questionnaire that should take no longer than 5 minutes and will allow SBMH providers a chance to express their feelings of readiness and knowledge about providing culturally responsive services based on this program in the school setting. This data will also be used to make modification to the program to continually meet the needs of BIPOC students.

- *Population:* SBMH Providers
- *Evaluation Method(s):* Qualitative & Quantitative
- *Evaluation Tool(s):* SBMH Provider Survey & SBMH Provider Narrative Free Association Feedback Questionnaire
- *Implementation:*
  - SBMH Provider Survey – beginning and end of school year.
  - SBMH Provider Narrative Free Association Feedback Questionnaire- given at the end of each consultation meeting (10 times)
- *Scorer:* School-Based Mental Health Leadership Individual/Team which could be your team's mental health manager and or direct supervisor.
- *Scoring Method:* The School-Based Mental Health Leadership Individual/Team, will look for trends in responses that elucidates a positive or negative progression towards this manual's goals and values. Below you will find the SBMH provider survey and questionnaire.
- *Evaluation Details:* For the questionnaire, each measurement time with this population will be answering the same questions.
- *Manual Goal(s):* The goal for this population is to (1) increase in culturally responsive knowledge, (2) be able to use the learned knowledge to implement culturally responsive therapeutic services within a school setting, (3) be able to teach others in the school setting about the knowledge they have gained, and (4) feel supported while going through this process.

**Table 1**

Phase	Scales	Time Given	Population	Implementor
Academic year	Free association feedback	During consultation sessions	Primary population	School-Based Mental Health Leadership Individual/Team

**SBMH Provider Narrative Free Association Feedback Questionnaire**

*Based on the knowledge you received from this manual and the support and guidance given in this sessions peer consultation group, please answer the following questions:*

1. (Knowledge): How comfortable are you with your culturally responsive **knowledge** and **understanding** thus far when working with your BIPOC student?
2. (Implementation): How comfortable are you with **understanding** of your BIPOC student's current struggles and **implementing** your culturally responsive knowledge with your BIPOC student?
3. (Teaching/Jobbing): How comfortable are you with **sharing** your culturally responsive knowledge with other stakeholders?
4. (Support): How do you currently feel about the support you have received around this work thus far? What kind of **support do you need** moving forward?

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**SBMH Provider Survey**

**Pre-Survey**

Please write name or create code name: (If using code name, please use same name for post-survey. Ex: Buttercup): \_\_\_\_\_

Date: \_\_\_\_\_

*Please check yes or no for the following question*

Have you ever had any previous training around culture, diversity, inclusion, and or equity? If so, please provide a short description of where you received this knowledge (i.e., a class in my graduate program)

- YES
- NO

*Please circle and rate your Comfort, Knowledge, and Understanding of each area on a scale from 1 through 7 **BEFORE** experiencing the various psychoeducational and professional development opportunities, initiatives, and events your school-based mental health provider has offered around cultural responsiveness:*

1. How comfortable are you with your **knowledge and understanding** of your schools BIPOC student populations current experiences and struggles in the school/classroom setting?

No Understanding	Very Low	Low	Moderate	High	Very High	Complete Understanding
1	2	3	4	5	6	7

2. How comfortable are you with your **knowledge and understanding** of what it means to be culturally responsive?

No Understanding	Very Low	Low	Moderate	High	Very High	Complete Understanding
1	2	3	4	5	6	7

3. How comfortable are you with your **knowledge** and **understanding** on how to **implement** tailored school-based mental health interventions that fits the diverse needs of students from different sociocultural backgrounds?

No Understanding	Very Low	Low	Moderate	High	Very High	Complete Understanding
1	2	3	4	5	6	7

**Please rate on a scale from 1 through 10**

4. Do you feel like you have the awareness to recognize when your schools BIPOC students are experiencing challenges racially motivated or otherwise?

Not at all				Some what					Yes Completely
1	2	3	4	5	6	7	8	9	10

5. Once aware, do you feel like you have the knowledge to support your school BIPOC student's current challenges?

Not at all				Some what					Yes Completely
1	2	3	4	5	6	7	8	9	10

6. Do you feel like you have the tools to support your school BIPOC student's current challenges?

Not at all				Some what					Yes Completely
1	2	3	4	5	6	7	8	9	10

7. Do you feel like you have had a **safe space** in the last 10 months to ask questions and get recommendations on how to be culturally responsive within your sphere of influence to support your schools BIPOC student population?

Not at all				Somewhat					Yes Completely
1	2	3	4	5	6	7	8	9	10

**Written Responses**

1. What are you **most excited** about for this year's upcoming culturally responsive work you will be implementing in your school setting? Why?

2. What are you **least excited** about for this year's upcoming culturally responsive work you will be implementing in your school setting? Why?

**SBMH Provider Survey**

**Post-Survey**

Please write name or create code name: (If using code name, please use same name from your pre-survey. Ex: Buttercup): \_\_\_\_\_

Date: \_\_\_\_\_

*Please check yes or no for the following question- please give the same answer to this as your Pre-Survey.*

Have you ever had any previous training around culture, diversity, inclusion, and or equity? If so, please provide a short description of where you received this knowledge (i.e., a class in my graduate program)

- YES
- NO

*Please circle and rate your Comfort, Knowledge, and Understanding of each area on a scale from 1 through 7 After experiencing the various psychoeducational and professional development opportunities, initiatives, and events your school-based mental health provider has offered around cultural responsiveness:*

\_\_\_\_\_



1. How comfortable are you with your **knowledge and understanding** of your schools BIPOC student populations *current experiences and struggles in the school/classroom setting?*

No Understanding	Very Low	Low	Moderate	High	Very High	Complete Understanding
1	2	3	4	5	6	7

2. How comfortable are you with your **knowledge and understanding** of what it means to be *culturally responsive?*

No Understanding	Very Low	Low	Moderate	High	Very High	Complete Understanding
1	2	3	4	5	6	7

3. How comfortable are you with your knowledge and understanding on how to **implement** tailored interventions that fits the diverse needs of students *from different sociocultural backgrounds?*

No Understanding	Very Low	Low	Moderate	High	Very High	Complete Understanding
1	2	3	4	5	6	7

**Now, please rate on a scale from 1 through 10**

4. Do you feel like you have the awareness to recognize when your school/classes BIPOC students are experiencing challenges racially motivated or otherwise?

Not at all				Some what					Yes Completely
1	2	3	4	5	6	7	8	9	10

5. Do you feel like you have the knowledge to support your school/classes BIPOC student's current challenges?

Not at all				Some what					Yes Completely
1	2	3	4	5	6	7	8	9	10

6. Do you feel like you have the tools to support your school/classes BIPOC student's current challenges?

Not at all				Some what					Yes Completely
1	2	3	4	5	6	7	8	9	10

7. Do you feel like you have had a safe space in the last 10 months to ask questions and get recommendations on how to be culturally responsive within your sphere of influence to support your school/classes BIPOC student population?

Not at all				Some what					Yes Completely
1	2	3	4	5	6	7	8	9	10

### Written Responses

1. What did you **like most** about this past year's culturally responsive work you did in your school setting? Why?
2. What did you **like least** about this past year's culturally responsive work you did in your school setting? Why?
3. Is there anything else you would like to share about your experiences this last 10 months as a CR-SBMH provider?

**Leadership Team & Supervisor Portion**

Your leadership team, which could include your district managers and or school site point administrators, and direct supervisor will fill out this portion of this survey.

On a scale of 1-10 how culturally responsive has this SBMHP shown to be in their work with diverse students on campus?

Not at all				Some what					Yes Completely
1	2	3	4	5	6	7	8	9	10

Please reference the scale above and place the number in the box below

Survey Reporter	Reporter real or code name	Scale 1-10	Additional Comments (optional)
Leaderships Team Member			
Direct Supervisor			

*Secondary Population: BIPOC Students*

This population will be evaluated using 7 scales to measure the 7 areas of negative outcomes as well as a special interview within the BIPOC student community pre and post therapeutic treatment.

**Population:** BIPOC Students

- **Evaluation Method:** Qualitative & Quantitative
- **Evaluation Tool(s):** 7 Scales & BIPOC Student Narrative Interview Questionnaire
- **Implementation:** Given during the Assessment and Termination session
- **Scorer:** CR-SBMH provider
- **Scoring Method:** (Quantitative) The SBMH provider will score each of the 7 scales after each time given and look for progression or regression differences between the scores indicating a change in their base line functioning in that moment. (Qualitative) The SBMH provider will evaluate responses that alludes to the student's feelings and perceptions about their services and its ability to serve their individual needs based on their unique cultural background and sociocultural experiences. Below you will find the BIPOC Student Narrative Interview Questionnaire.
- **Evaluation Details:** Each measurement time (pre and post), individual clients will answer 39 questions drawn from all the scales and 3 verbal questions from the qualitative questionnaire.
- **Manual Goal(s):** The goal for this population is movement. More specifically to (1) decrease, even in the smallest amount, in the 7 areas of negative outcomes, (2) to have a corrective and or positive experience with their treatment, and (3) to feel like their sociocultural identity has been understood, acknowledged, respected, and shown how to draw from to solve challenges.

**Table 2**

<b>Phase</b>	<b>Scales</b>	<b>Time Given</b>	<b>Population</b>	<b>Implementor</b>
Pre-Evaluation	All seven scales and qualitative questions	Assessment session	Secondary population	Culturally Responsive SBMH provider
Post Evaluation	All seven scales and qualitative question	Termination Session	Secondary population	Culturally Responsive SBMH provider

**7 Areas of Negative Outcome Scales**

- ❖ *Area 1:* will measure students social and emotional functioning through the PHQ-9 (depression) and the GAD-7 (anxiety).
- ❖ *Area 2:* will measure feelings of well-being through the WHO-5.
- ❖ *Area 3:* will measure academic functioning
- ❖ *Area 4:* will measure disciplinary and or general adverse events through the extant school data.
- ❖ *Area 5:* will measure mental health treatment satisfaction through the Session Rating Scale.
- ❖ *Area 6:* will measure stress levels through the Stress Scale.
- ❖ *Area 7:* will measure client outcomes through the Outcome Rating Scale.
- ❖ *Special Interview:* This will be a short 2 question qualitative questionnaire to allow your BI-POC student to relay any outstanding thoughts about their experiences and perspectives.

**BIPOC Student Narrative Interview Questionnaire**  
**(Pre-Questionnaire)**

- (1) Is there anything you are excited about with your upcoming counseling?
- (2) Do you have any concerns about your upcoming school-based counseling?
- (3) Before you begin, is there anything you would like your counselor to know about your socio-cultural identity and or background?

**BIPOC Student Narrative Interview Questionnaire**  
**(Post-Questionnaire)**

- (1) Was your Sociocultural Identity respected and valued in your counseling?
- (2) What was your experience like receiving counseling with a focus on your sociocultural identity? And did you feel like it helped? Do you feel like your peers in your same/similar cultural identity group would benefit from this type of support?
- (3) Do you feel like your counselor had enough knowledge to support your unique identity and current challenges?
- (4) Is there anything you would like to share about this experience?

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*Tertiary Population: School-Based Stakeholders (SB- Stakeholders)*

This population will be evaluated using a pre and post qualitative questionnaire. This Questionnaire will be given at the beginning of the school year and again at the end. It will be given via any platforms (i.e., email, meetings, information packets, etc.) that is most appropriate and or commonly utilized in your district to share and receive information from school staff/faculty and guardians/families.

- **Population:** School-Based Stakeholders (SB- Stakeholders): (school staff/faculty and guardians/families)
- **Evaluation Method:** Quantitative & Qualitative
- **Evaluation Tool(s):** SB- Stakeholders Questionnaire
- **Implementation:** Given at the beginning and end of the school year. Example: beginning and end of year planning meetings.
- **Scorer:** School-Based Mental Health Leadership Individual/Team or the CR-SBMH provider
- **Scoring Method:** The School-Based Mental Health Leadership Individual/Team or the CR-SBMH provider, will look for trends in responses that elucidates a positive or negative progression towards this manual's goals and values. Below you will find the SB- Stakeholders Narrative Questionnaire.
- **Evaluation Details:** Each measurement time (pre and post), individual clients will answer 39 questions drawn from all the scales and 2 verbal questions from the qualitative questionnaire.
- **Manual Goal(s):** The goal for this population is movement. More specifically to (1) decrease, even in the smallest amount, in the 7 areas of negative outcomes, (2) to have a corrective and or positive experience with their treatment, and (3) to feel like their sociocultural identity has been understood, acknowledged, respected, and shown how to draw from to solve challenges.

**Table 3**

Phase	Scales	Time Given	Population	Implementor
Pre-Evaluation	All seven scales and qualitative questions	Beginning of School Year	Tertiary Population	School-Based Mental Health Leadership Individual/Team or Culturally Responsive SBMH provider
Post Evaluation	All seven scales and qualitative question	End of School Year	Tertiary Population	School-Based Mental Health Leadership Individual/Team or Culturally Responsive SBMH provider

**SB- Stakeholders Questionnaire**

**Pre-Survey**

Please write name or create code name: (If using code name, please use same name for post survey. Ex: Buttercup): \_\_\_\_\_

Date: \_\_\_\_\_

*Please check yes or no for the following question*

Have you ever had any previous training around culture, diversity, inclusion, and or equity? If so, please provide a short description of where you received this knowledge (i.e., a class in my graduate program)

- YES
- NO

*Please circle and rate your Comfort, Knowledge, and Understanding of each area on a scale from 1 through 7 **BEFORE** experiencing the various psychoeducational and professional development opportunities, initiatives, and events your school-based mental health provider has offered around cultural responsiveness:*

1. How comfortable are you with your **knowledge and understanding** of your schools BIPOC student populations current experiences and struggles in the school/classroom setting?

No Understanding	Very Low	Low	Moderate	High	Very High	Complete Understanding
1	2	3	4	5	6	7

2. How comfortable are you with your **knowledge and understanding** of what it means to be culturally responsive?

No Understanding	Very Low	Low	Moderate	High	Very High	Complete Understanding
1	2	3	4	5	6	7



3. How comfortable are you with your **knowledge** and **understanding** on how to **implement** tailored interventions that fits the diverse needs of students from different sociocultural backgrounds?

No Understanding	Very Low	Low	Moderate	High	Very High	Complete Understanding
1	2	3	4	5	6	7

Please rate on a scale from 1 through 10

4. Do you feel like you have the awareness to recognize when your school/classes BIPOC students are experiencing challenges racially motivated or otherwise?

Not at all				Somewhat					Yes Completely
1	2	3	4	5	6	7	8	9	10

5. Once aware, do you feel like you have the knowledge to support your school/classes BIPOC student's current challenges?

Not at all				Somewhat					Yes Completely
1	2	3	4	5	6	7	8	9	10

6. Do you feel like you have the tools to support your school/classes BIPOC student's current challenges?

Not at all				Somewhat					Yes Completely
1	2	3	4	5	6	7	8	9	10



**SB- Stakeholders Questionnaire**

**Post-Survey**

Please write name or create code name: (If using code name, please use same name from your pre-survey. Ex: Buttercup): \_\_\_\_\_

Date: \_\_\_\_\_

*Please check yes or no for the following question- please give the same answer to this as your Pre-Survey.*

Have you ever had any previous training around culture, diversity, inclusion, and or equity? If so, please provide a short description of where you received this knowledge (i.e., a class in my graduate program)

- YES
- NO

*Please circle and rate your Comfort, Knowledge, and Understanding of each area on a scale from 1 through 7. After experiencing the various psychoeducational and professional development opportunities, initiatives, and events your school-based mental health provider has offered around cultural responsiveness:*

1. How comfortable are you with your **knowledge and understanding** of your schools BIPOC student populations current experiences and struggles in the school/classroom setting?

No Understanding	Very Low	Low	Moderate	High	Very High	Complete Understanding
1	2	3	4	5	6	7

2. How comfortable are you with your **knowledge and understanding** of what it means to be culturally responsive?

No Understanding	Very Low	Low	Moderate	High	Very High	Complete Understanding
1	2	3	4	5	6	7

3. How comfortable are you with your knowledge and understanding on how to **implement** tailored interventions that fits the diverse needs of students from different sociocultural backgrounds?

No Understanding	Very Low	Low	Moderate	High	Very High	Complete Understanding
1	2	3	4	5	6	7



Now, please rate on a scale from 1 through 10

4. Do you feel like you have the awareness to recognize when your school/classes BI-POC students are experiencing challenges racially motivated or otherwise?

Not at all				Somewhat					Yes Completely
1	2	3	4	5	6	7	8	9	10

5. Do you feel like you have the knowledge to support your school/classes BIPOC student's current challenges?

Not at all				Somewhat					Yes Completely
1	2	3	4	5	6	7	8	9	10

6. Do you feel like you have the tools to support your school/classes BIPOC student's current challenges?

Not at all				Somewhat					Yes Completely
1	2	3	4	5	6	7	8	9	10

7. Do you feel like you have had a safe space in the last 10 months to ask questions and get recommendations on how to be culturally responsive within your sphere of influence to support your school/classes BIPOC student population?

Not at all				Somewhat					Yes Completely
1	2	3	4	5	6	7	8	9	10

### Written Responses

1. What did you **like most** about this past year's culturally responsive psychoeducational and professional development opportunities, initiatives, and events?
2. What did you **like least** about this past year's culturally responsive psychoeducational and professional development opportunities, initiatives, and events?
3. Are there any topics that you would have wanted to be gone over?

### **Administrator Pre & Post Survey**

*In addition to the Stakeholder Survey, your site administrator will look at the extant data at their school and answer the following questions. This survey should be filled out prior to this program being implemented and after it is completed a year later.*

#### *7 areas of negative outcomes*

1. **Poor mental health functioning:** What percentage of BIPOC students are currently reporting poor mental health functioning?
2. **Low feelings of wellbeing:** What percentage of BIPOC students are currently reporting low feelings of wellbeing?
3. **Low school engagement and inclusivity:** What percentage of BIPOC students are currently reporting low school engagement and inclusivity?
4. **Higher than normal stress levels:** What percentage of BIPOC students are currently reporting higher than normal stress levels?
5. **Poor academic functioning:** What percentage of BIPOC students are currently experiencing poor academic functioning?
6. **Higher levels of exposure to inappropriate interventions (e.g., punitive disciplinary practices):** What percentage of BIPOC students have recently been a part of a disciplinary incident in the last 3 months?
7. **Low therapeutic engagement & satisfaction:** What percentage of BIPOC students are currently in this academic year engaged in the therapeutic services on campus?

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## Evaluation Plan

### Check- Point



*Great Job!*

*I know this was hard work, but I praise your bravery for embarking on this Culturally Responsive Journey! You have now completed all sections of this Culturally Responsive School-Based mental Health Manual. However, your journey is not done. It will be a lifelong process to continually be culturally responsive to the diverse communities you aim to support. Your continuing journey will encompass educating yourself as new research and literature emerges, being open to new perspectives, responding to the individual needs of your clients, and never stop growing as an individual and a mental health professional!*

**Unit Completion Expectations:** These following items should be accomplished before you are ready to complete the “**Intentional Pivoting Tool**”.

- **By now you should have:**
  - *Primary Population: SBMHP* - Received the results from the Pre & Post Tests of SBMHP surveys
  - *Secondary Population: BIPOC Students* - Received the results from the Pre & Post Tests of the BIPOC student surveys
  - *Tertiary Population: Stakeholders* - Received the results from the Pre & Post Tests of the Stakeholder surveys

**Unit Check Point Questions:**

- Based on the evaluation data you received, what do you extrapolate from the results?

**Forecast Questions:**

*It is HIGHLY recommended for you to go back and restrain yourselves in any part of this manu*



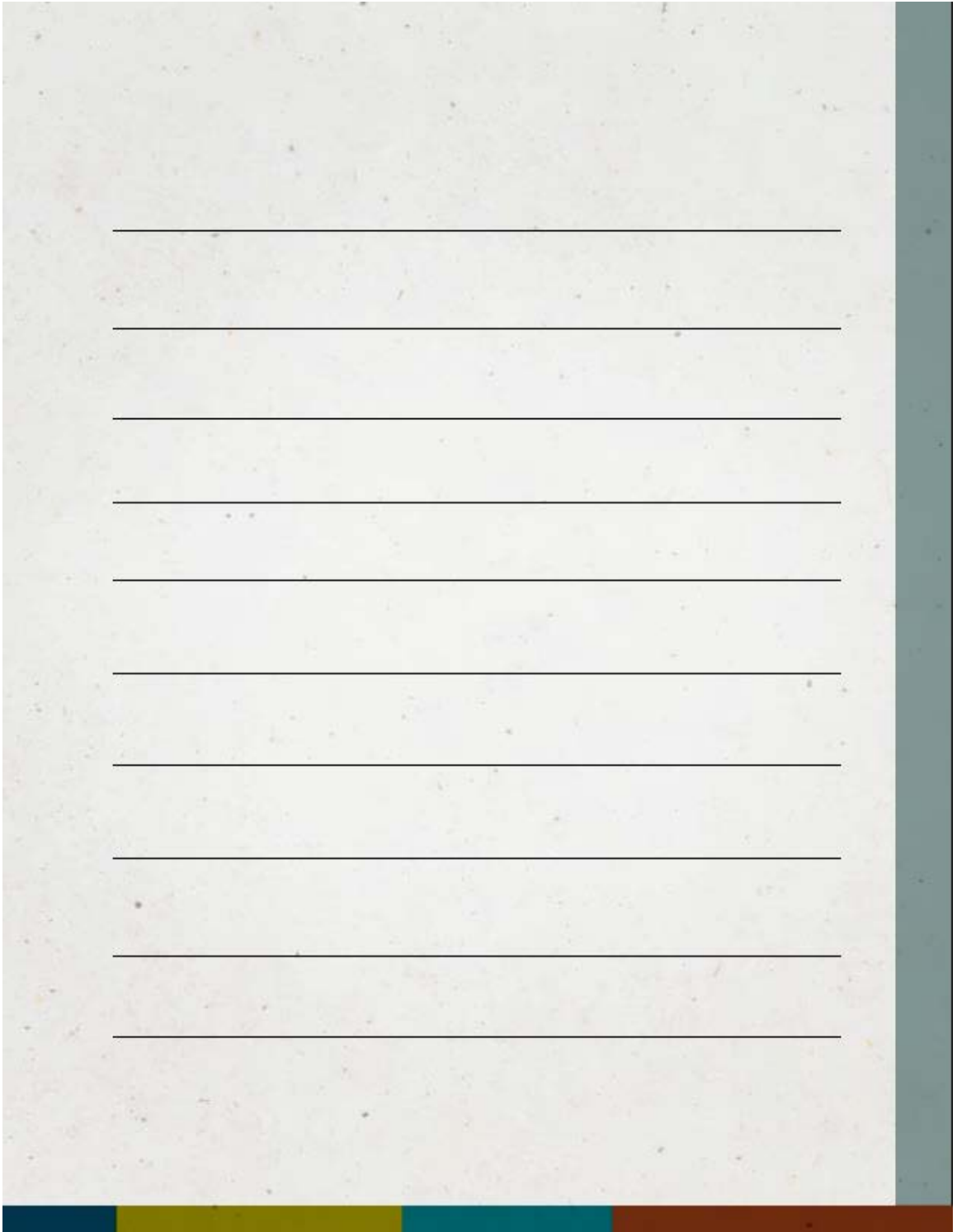
#	Question	Small Group	Direct Supervisor	Direct Supervisor Signature
1	According to your observations, has this SBMHP shown to be proficient in understanding how to use their knowledge in real life situations with EIPOC students based on the <i>Pre-Work</i> section of this manual?	YES or NO	YES or NO	
2	According to your observations, has this SBMHP shown to be proficient in understanding how to use their knowledge in real life situations with EIPOC students based on the interventions learned in the <i>16-session model</i> section of this manual?			
3	According to your observations, has this SBMHP shown to be proficient in understanding how to use their knowledge in real life situations with EIPOC students based on the <i>SM&amp;K-Holder Recommendations</i> section of this manual?			
*	If answered no to any of these questions, please provide this SBMHP with constructive and helpful feedback sprinkled with love and kindness!!	Helpful Feedback:		

### Intentional Pivoting Tool

#### Instructions:

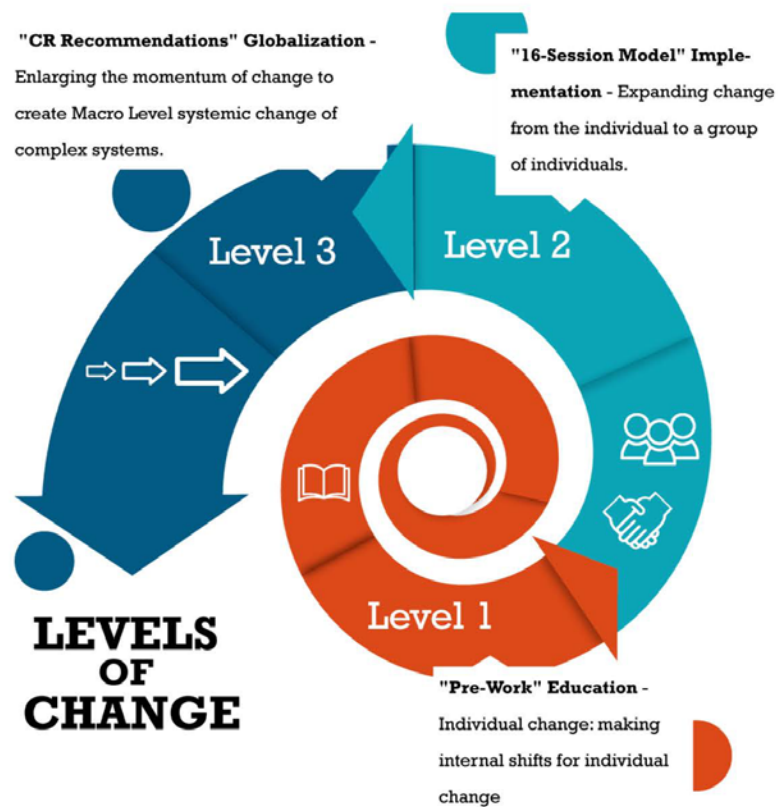
- Based on the results from your pre and post evaluation, fill out this Intentional Planning Tool which is meant to evoke ideas on how to pivot and make changes next time this manual is implemented.

#	Concerning Areas Highlighted in one of the Evaluation Tools	In your opinion What elements were at play in this area of concern?	Any ideas of what can be done to mitigate this concern in the next manual implementation?
1			
2			
3			
4			
5			
6			
7			



Congratulations for going through the culturally responsive journey.  
It took bravery and strength to challenge the norms of our society.

You were never alone. **WE** were on this journey with you!!  
Something to remember... change is not linear! Don't be afraid of going through  
this process again if it means making this world a better place for ourselves and  
our youth. In the words of Mahatma Gandhi, "In a gentle way, you can shake  
the world"



*Figure 9:* Levels of Change



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**WE Program**  
Achieving BIPOC  
Excellence through Wholistic  
and Integrative Culturally  
Responsive School-Based  
Mental Health Training Manual



## **CHAPTER SIX**

### **SUMMARY AND APPLICATIONS**

Overall, schools have recognized the increased needs of students around their mental health and wellbeing. This need has since stretched to other aspects of student development which have caused schools to pivot and become a hub for more than just education (Horn et Al, 2015). Now schools are seen as the primary source of other services that aim to support the whole child such as with mental health services (Comprehensive school-based mental and Behavioral Health Services and school psychologists, n.d.). With this came programs such as school-based mental health, Multitiered System of Support (MTSS) and Response to Intervention (RTI) programs. All of these programs aim to increase supportive interventions and to decrease barriers that inhibit students from fully accessing their education through a systematic process. Although these programs have shown to increase student support in some respects, there also arose significant disparities in the types of students that were benefitting from those services. White students were increasing in support all the while there were large gaps in support for BIPOC student populations. Even with these school-based programs, BIPOC students were still experiencing pre-matriculation negative outcomes such as (a) poor mental health functioning, (b) low feelings of wellbeing, (c) low school engagement and inclusivity, (d) higher than normal stress levels, (e) poor academic functioning, (f) higher levels of exposure to inappropriate interventions (e.g., punitive disciplinary practices), and (g) low school-based therapeutic satisfaction. These major gaps have shown to have

long-term consequences for BIPOC students, affecting their future (Andriaccio, 2021) and what we call in this context post-matriculation negative outcomes.

Along with other struggles BIPOC students have been facing in the school setting, they are yet again placed at the margins, but now it is around their mental health (Black and African American communities and Mental Health. Mental Health America, n.d.). Although at one time negative school-based outcomes for BIPOC student populations was seen as a very different issue than mental health, contemporary research now recognizes the link between experienced traumatic events which can include generational and societal traumas, violent traumas, interpersonal traumas, racially motivated insults, maltreatment, etc. in the school setting and some of the mental health issues that are seen within this population today (Henderson, 2017). Ultimately, the literature shows the reciprocal relationship between social ecological experiences, which in this case are school-based experiences, and the social and emotional mental health functioning within BIPOC student communities (Rose et al, 2017). Even with this knowledge there continues to be gaps in appropriate services that are culturally responsive enough to support BIPOC students' unique needs which include the pre and post negative outcomes they are experiencing.

### **Application and Filled Gaps**

Common gaps seen within existing school-based mental health support programs surround (a) ineffective outreach to students from diverse populations, (b) unsuccessful interventions that are inappropriate and do not center around the unique experiences of BIPOC students, and (c) the lack of knowledge from providers on how to implement

culturally responsive services (Darensbourg et al, 2010). Moreover, MTSS and RTI programs give general guidelines on how to identify and provide supports for nonspecific groups of students through a tiered system but does not give any direct step-by-step instructions for providers on how to educate themselves and then implement these tiered interventions in a way that does not add injury or insult to BIPOC students. Without these key elements in programs, the gaps continue to widen for culturally divergent students which perpetuates the data we currently see around BIPOC student functioning and success even in schools where support programs are being implemented.

Similarly, we see the same gaps in support in general school-based mental health programs. This is due to homogenous intervention practices that do not look at students' individual differences but provides blanket interventions based on Eurocentric perspectives. With these programmatic gaps in mind, the WE training program has been structured to address these three main apertures (i.e., outreach, culturally responsive knowledge, and interventions). This manual gives SBMH providers a robust three-unit system on how they can become more culturally responsive in the school system. Unit 1 (Education) provides foundational knowledge that encompasses compiled bias and values self-assessments, defined common operational concepts, and ways to be data driven. This unit is focused on providers making internal self-shifts towards CR knowledge and awareness. Unit 2 (Implementation) teaches providers how to expand on their knowledge by learning therapeutic techniques within a 16-session therapeutic model. This unit focuses on providers shifting interactions with BIPOC students and creating corrective experiences around support. Unit 3 (Globalization) provides strategies on how providers can become leaders in their school community by educating others. This unit focuses on



providers spreading their knowledge and inviting others along the culturally responsive journey. All three units have been intentionally designed so that providers are educated, have concrete interventions to implement, can cause systemic change through a culturally responsive lens all the while creating a culturally responsive transcendence process that fulfills gaps in mental health support services on school campuses.

Due to the programmatic rigor of this manual's curriculum, there is a three-step clearance system in place to determine whether a school district is ready and prepared to implement the program to fidelity. The first step is a mandatory overview video that each district representative interested in purchasing the curriculum will need to watch that fully describes the program and its units. After completing the video, the second step is for the representative to schedule an interview call with the manual creator that entails clarifying any questions a district might have, creating space for a higher-level conversation about district needs as well as giving the manual creator an opportunity to assess district readiness. The third and final step is for the district to sign the manual's "Agreement and Readiness Contract." This contract goes over the risk and benefits of the training program and confirms the district's understanding of the commitment needed to implement the program through a series of acknowledgement statements.

To further the understanding of this manual's efficacy, there is a plan in place to pilot it within a local school-based mental health program. The pilot program will select a school district that has apparent need of culturally responsive supports as evidenced by their prevalence of negative school-based outcomes for their students of color. Evidence gained from this pilot will help shape current curriculum and create further sister programs to this manual.

## **Limitations to Manual**

Even though this manual has a wide variety of strategies and techniques to offer SBMH providers, it does have some limitations. First, in order for this training manual to have impact and be better effective there does need to be a collective group of providers of two or more engaging in this curriculum at the same time. This is an important piece to this program because of the level of consultation, collaboration, and information exchange that is needed to fulfill the prompts and reinforce learned skills, participate in the experiential exercises, and refine understanding through discussions and explanations. This can be a limitation for schools and districts that do not have enough individuals employed to qualify as a “mental health provider”.

Second, this training manual does require a yearlong commitment with continual access to school-based resources which can be taxing on a school systems time and assets. This limitation can become amplified if a school and or district does not have a consistent confidential space to meet with students, have the funding to purchase the assessment tools needed, and have the finances or time to provide professional development (PD) meetings and or consultation meetings for staff and faculty. This manual does require for districts to be able to compensate their providers for the time and space needed to work this program to fidelity.

Third, this manual is meant to give providers foundational education, starter interventions, and sample suggestions on how to create culturally responsive supports. Due to this, this manual is not exhaustive and requires providers to take their own next steps in gaining more culturally responsive continuing education and experiences.

Fourth, this manual is meant to augment a mental health program that is already in place and is not meant to help launch a brand-new mental health program. This is a major limitation for schools that do not have a school-based mental health program but wants to use this manual. Moreover, a fully functioning school-based mental program needs more elements in place than what this manual describes.

### **Manual Modifications**

Considering some of the limitations to this manual, there are modifications that could be put in place with more time and resources. One major modification that could happen in the future is making this manual virtual and or digital with live links to unit activities, definitions, and resources. It can also have live chat features that can connect users to me as the author and or other experts in the field if they had questions. Having this modification could also cut down on the resources needed from the various school and districts in order to launch this training manual by not having to utilize tangible materials and take up meeting spaces on school campuses. Having this manual virtual can also allow schools and districts that only have one or two providers be linked to larger provider network communities. This will enable providers to go through this program nationally with other providers which can increase macro levels of collaboration and discourse on how other parts of the nation are implementing culturally responsive pedagogy and interventions. The goal of this manual is to enact third order change, which surrounds the transformation and shifting of sociocultural systems with their identity and process on a larger scale, and because of this making cultural responsiveness virtual can increase access, create equitable accommodations for less financially subsidized school

districts in lower income areas, and allow the curriculum itself to be responsive by adapting to district needs and to new changes in the literature.

### **Mental Health and Marriage and Family Therapy Relevance**

This manual is able to be used by anyone who is qualified to practice as a school-based mental health provider and has direct roots in the field of marriage and family therapy. By nature, Marriage and Family therapy is rooted and grounded in the interdisciplinary practice and study of systems and cybernetics which describes ecological exchanges between and amongst parts and their environment. It also holds the premise that systems are cohesive groups of interdependent and interrelated parts that can be both organic and or human made. Whether looking at family systems, or other complex systems such as organizations, the field of Marriage and family therapy recognizes that each system has common components that are bound by space and time, is influenced by its ecology and or environment, is defined by its purpose and structure, and is expressed through its functioning and outputs. Ultimately, it studies how smaller parts of a system comes together to influence the larger complex system and visa versa (Introduction to systems theory, 2022). So, how does this apply to schools? Well, schools are a complex system that is composed of many different working parts that functions and produces outputs based on interworking relationships and dependencies. These outputs have produced positive or negative outcomes for different groups of students based on structures and influences from the larger society. For BIPOC students their outcomes have been ubiquitously negative.

With these elements in mind, this training manual asserts the same lens as the most relevant parts of the field of Marriage and Family Therapy in trying to disrupt these negative outcomes for BIPOC youth. Each of the three units of the manual focuses on the interexchange of different subsystems (providers, students, staff and faculty, and school culture) within the larger context of schools. Lastly, this manual focuses on the long-standing unhealthy structures that school systems have adopted based on larger society that keep BIPOC youth from thriving. It does this by destabilizing outmoded practices through the disordering of insensitive and harmful feedback loops and homeostatic patterns by pivoting to ones that are more culturally responsive, inclusive, and diversity focused. Both the pedagogy and curriculum within this manual is meant to exemplify the principles of Marriage and Family Therapy and adds to the field through relevant systems work that optimizes third order change.

### **Summary**

In summary, the need for more culturally responsive school-based mental health is evident. Youth, especially youth of color, have historically not thrived in schools in the way white students have which have perpetuated the disadvantages they also experience in adulthood (Leath et al, 2019). This failure to thrive as a collective group in the school setting has always been there but have become increasingly more apparent with the recent global pandemic and the rise of racially motivated incidents which have also shed light on other areas of disproportionalities. With these disparities the personhood of BIPOC youth in America has shown to be under threat which has not only impacted their

education success but also continually led to negative outcomes around their mental health.

These disparities are by no means new or unique to specific school districts but are problems that preceded these programs and have been passed along and engrafted into these new interventions. While understanding the role of school-based mental health programs, research has indicated that some of its main principals aim to support similar challenges to what BIPOC students experience but have not been able to both appropriately and successfully do so with this population like it has with students that identify as white thus leaving gaps in support (Darensbourg et al, 2010). Literature did speak of the role that Culturally Responsive practices can play with filling the mental health support gap for general populations of color and also indicated the importance of this combination (Darensbourg et al, 2010). Ultimately, considering the role that school-based mental health plays in the school setting for increasing support for our most at-risk student populations, it was highly recommended in the literature for a culturally responsive lens to be added to school-based mental health programs to ensure students of color can fully benefit from its interventions and decrease in negative outcomes that continues to plague the population.

The literature also covers a myriad of intersecting problems that have fed into this phenomenon for BIPOC youth which have included include biases, disparities, inequities, legacies of racism and discrimination ideologies, and the lack of acknowledgment of historical contexts and individual differences (Darensbourg et al, 2010). With this enlightenment based off of evidence and the literature, the WE training program identifies school-based mental health providers as agents of change to start the shift in

school systems by providing culturally responsive supports to this sensitive group of students and then globalize this lens and framework to the rest of the stakeholders for whole systemic awareness and transformation. Moreover, this training manual starts with the school-based mental health providers but then transcends to structural movement that promotes BIPOC excellence pre and post matriculation. This manual is fully aware that this group of minority students are not the only ones suffering from the lack of culturally responsiveness, but this framework (prework education, implementation, and globalization) can be adapted to other marginalized groups of students on campus for more proliferated excellence.

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## **APPENDIX A**

### **EVALUATION MEASURES**

- SBMH Provider Narrative Free Association Feedback Questionnaire
- SBMH Provider Survey Pre-Survey
- SBMH Provider Survey Post-Survey
- BIPOC Student Narrative Interview Questionnaire (Pre-Questionnaire)
- BIPOC Student Narrative Interview Questionnaire (Post-Questionnaire)
- SB- Stakeholder Questionnaire Pre-Survey
- SB- Stakeholder Questionnaire Post-Survey
- Administrator Pre and Post Survey Intentional Pivoting Tool